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ABSTRACT

The basic premise of this document is that every community college should have a plan through which the health needs of students, faculty and staff can be met by health services which are available, accessible and of high quality. Services should be available in each of the following program areas: personal medical, mental health, and other direct health care, including community-oriented preventive services; environmental surveillance and control; and health education. In meeting this standard, however, it is not necessary for a community college to directly provide services in all these areas; it may be possible to create and maintain a comprehensive and effective health program through coordination of medical, environmental, and educational services which are available throughout the community. The document reviews the procedures for setting up a comprehensive health program in a community college, describes in depth the various services and activities to be included, discusses the health personnel and physical plant necessary for a complete program, and reviews the business management procedures of a good health program. (Author/LP)

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THE DEVELOPMENT OF HEALTH PROGRAMS FOR JUNIOR AND COMMUNITY COLLEGES

An Interpretation of Recommended Standards and Practices for a College Health Program

Prepared by the Committee on Junior/Community Colleges

This manual, which is the product of considerable thought and deliberation by many members of the Association, has been put together in an attempt to help those in junior and community colleges who are either developing new health programs or attempting to improve those already in existence. One of the problems inherent in its formulation has been the limitation in the number of junior or community college health programs which could be looked upon as models for development. Unfortunately, therefore, there has been less direct contribution by junior and community college health workers and administrators than might have been desirable.

This draft of the manual, however, is seen as only a first edition which ought soon to be revised on the basis of the comments of those who have tried putting it to use. We urge that anyone who has comments, especially concerning revisions, additions, or deletions which would make it more useful, should submit them to the chairman of the Committee on Junior/Community Colleges.

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TABLE OF CONTENTS

I. BASIC GUIDE FOR PROGRAM DEVELOPMENT 1

II. THE HEALTH PROGRAM: SERVICES AND ACTIVITIES

A. Overview of Services 5
B. Provision for Emergencies 6
C. Ambulatory Services 7
D. Inpatient Services 10
E. Records 11
F. Laboratory Services 16
G. Radiological Services 17
H. Pharmacy Services 18
I. Mental Health 20
J. Athletic Medicine 26
K. Dental Services 29
L. Rehabilitation 30
M. Health Promotion 32
N. Environmental Health and Safety 34
O. Occupational Health 36
P. Health Education 38
Q. Research 41
R. Communications 44
S. Extramural Resources 46

III. HEALTH PERSONNEL

A. Medical/Dental 49
B. Nursing 51

IV. PHYSICAL PLANT 59

V. BUSINESS MANAGEMENT 63

INTRODUCTION

Evolving and defining standards for the development of college health programs and services has been one of the chief thrusts of ACHA activities for several years. The publication in 1961 of the Recommended Standards and Practices for a College Health Program, followed in 1964 by the Supplement on Ethical and Professional Relationships, was a landmark achievement in ACHA activity. It represented the clearest thinking of many leaders concerning basic goals of college health programs; it also provided many guidelines for specific activities, services, and working relationships. Following considerable discussion and consultation among members of all sections, Recommended Standards was published in 1969 in a second edition, this time including the Statement on Ethical and Professional Relationships.

Two predominant themes have had a very strong influence on development of the Standards. The first is that every institution, large or small, has some responsibility for developing a program for promoting the health of members of the institutional community. This has been based on the premise that health, viewed as total physical, emotional, social, and intellectual welfare, is an essential component of educational development. The second is that any health program must be reflected in high quality services and activities if it is to serve its purpose and justify its existence. In general, high quality comprehensive services can be assured of their relevance and vitality only if they are planned, developed, and executed by joint efforts of consumers working with an interdisciplinary team of health professionals.

The result was predictable -- indeed, to some extent, it was anticipated. The compilation of guidelines for program development and activities was seen as most readily applicable for large institutions with abundant resources which could be invested in direct health related activities. Many smaller institutions, including all junior and community colleges, viewed the Recommended Standards as a forbidding document, which set aspirations far ahead of reality and resources. Instead of being accepted as a set of goals to be applied to individual situations, it was dismissed as being insensitive and not germane to real institutional needs. A call arose for a separate and distinct set of standards for two-year institutions.

As the formal Recommended Standards were reviewed with this in mind it became apparent that there were very few practical suggestions which could be used as direct guides for developing health related activities in two-year institutions. It still seemed, however, that the basic principles upon which the Standards had been developed pertained equally to the needs of two-year and four-year institutions. A separate set of standards seemed not only unnecessary but also hazardous in probably leading to an unjustified compromise in the quality of health programs. The present manual represents, therefore, an attempt to accept the basic principles and through the addition of examples, to interpret them in ways which will make applications to two-year institutions more readily apparent.

In the course of developing a manual, two divergent emphases were suggested. One would have created the manual as a series of brief specific sets of instructions or guides for activities, such as outlines for operation of nurse-directed outpatient services, lists of first-aid supplies, etc.; the other was for a more general conceptual and developmental guide for the development of program and activities, with examples pertinent to the wide variety of different circumstances of size, location, and resources for community colleges. In general, the present manual has been compiled in response more to the latter than the former, with the idea that from time to time specific guides for program activities could be added as appendices or supplements to the original manual.

The overriding concern still is for pointing out that each institution, two-year or four-year, large or small, urban or rural, has a basic responsibility for creating a health program which will meet the needs of the institutional community. It must be emphasized again and again that assuming responsibility for a health program does not obligate the institution to invest a large proportion of its resources in expensive health services and activities, especially when this would duplicate comparable facilities and services already existing in the larger community. What it does mean is that each institution should make a conscious effort to assure for its students, faculty, and staff the availability of necessary health resources in a manner which makes them accessible under circumstances which will encourage use as an essential part of the basic educational enterprise. Some community colleges will be so favorably located relative to other resources that a very comprehensive health program can be developed simply by providing information about and access to already existing resources; others may elect to supplement community resources with some services which are provided directly.

One problem in developing the manual has been that of providing integration, or reasonable compromise, among different standards, administrative relationships, or procedures which had become honored by practice, even if not legislative fiat, in different parts of the country. Attempting to establish order out of this rapidly developing chaos, without either compromising the success of advanced planning or setting unattainable service objectives, has been difficult, to say the least. As a result, even this attempt at a practical manual has had to maintain a conceptual skeleton with an amount of flesh which would be helpful but which would not preclude additions here and there in accordance with local standards. The result is a document which is far from perfect but which we hope will be helpful to those struggling for guidance in the many two-year institutions. We hope it will be subject to close scrutiny and that future editions will benefit from the constructive suggestions of those who attempt to put it to the use for which it is intended.

Robert W. Gage, M.D.
Chairman, Committee on Junior/
Community Colleges

I. BASIC GUIDE FOR PROGRAM DEVELOPMENT

General Observations

The development of an effective health program for a junior/community college will depend in the first place upon an understanding of the institution itself: its goals and objectives, its composition and resources, and its relationship to the adjacent extramural community of which it is a part. In addition, the program will depend upon the institution's concept of the relationship of health to education.

Among the goals and objectives of junior/community colleges are several which are common to most but which differ in their relative importance from one institution to another. Among these are:

1. Providing terminal or vocational education.
2. Preparing students for transfer to four-year institutions.
3. Providing continuing education or vocational reorientation for both men and women of all ages.
4. Making available special programs for the economically, culturally, or physically handicapped.
5. Providing a variety of educational and social services for the communities in which they are located.

Among factors influencing the composition and climate of the institution are:

1. The student body: the number, economic and social background, and perceived goals of students. The number of students living at home and commuting is of some importance, but usually less so than is generally believed. Many of the health needs of commuting students are substantially greater than those of resident students in larger institutions.
2. The school: its location (rural or urban) and the availability and quality of health services in the extramural community.
3. Support: private, municipal, state, church, or other.
4. Educational aims and activities: with special problems or hazards related to specific educational programs.

The relationship of the college to the adjacent extramural community is of special importance, since in most community colleges the institution will depend very heavily upon those personal health services already available in the community for meeting the needs of its students, faculty, and staff. In other words, most junior/community colleges can develop very effective health programs without becoming deeply involved in organizing and maintaining an expensive medical clinic. Instead, its resources can be put into support of preventive and educational efforts for health which usually are not available from outside resources.

Education is now widely accepted as a process of multiphasic growth in cognitive, affective, and social areas. Each area is closely interrelated with the others; none can be neglected except at the peril of serious compromise or failure in the others. Expressed in other terms, the dominant thrust of higher education is to help students gain competence in personal and social problem-solving. Insofar as this view is accepted by an institution as the basis for its development and operation, in preference to primarily vocational and technical competence, health becomes one of the subjects of compelling importance. It is a facilitating resource for the entire educational enterprise, since faculty or students unnecessarily handicapped by physical or emotional problems can't use their resources to good advantage. Furthermore, vocational or professional competence will be ineffective in a society in which individuals are unable to make personal decisions based upon sound principles for healthful living and are unskilled in working together to promote healthful communities.

Suggestions for Program Development

Most health programs in junior/community colleges, as in other institutions, have arisen largely in response to some emergency or crisis situation or the anticipated need of the institution for preparing for crises. Whenever an opportunity arises for developing a program from the beginning, or when it becomes apparent that a crisis-oriented program should be expanded, it is well to begin by gathering information concerning the basic goals and objectives of the institution; the composition of student body, faculty, and staff; the nature and availability of extramural health resources; and the specific health needs of students, faculty, and staff in terms of illness, dropouts, time loss, requests for information, need for environmental control, etc. For example, a study of the composition of the student population may show a large number of women whose families have grown returning to school to learn new skills. The health needs and adjustment problems of these women will differ markedly from other students, many of whom may be the age of their own children. Likewise, if the institution makes a major effort to meet the needs of the handicapped or students from seriously disadvantaged backgrounds, there will be other very specific and urgent health problems which can be anticipated.

The availability of medical clinics, community mental health centers, departments of public health, medical departments of industries, voluntary health agencies, and others will have a major impact upon the institution's decision concerning which services may have to be provided directly. Likewise, the analysis of past patterns of illness (among both students and faculty), student attrition, and accident and illness patterns provide valuable information for program direction. A large increase in venereal disease, for example, obviously calls for a program of education for prevention.

A second thrust of the preparation for health program development should be toward gathering information about the availability among faculty and staff of persons who have interests or skills in the area of health. Often there are many members of the faculty and staff who are eager to contribute to a health program, either by serving on a health advisory council or by contributing direct services in either formal or informal ways. For example, a social anthropologist may be a very valuable contributor to a course or seminar in human sexuality; a chemist may have had experience in safety engineering; a physical education instructor may be an expert in physical therapy. Each of these has a skill which might be contributed either to the planning or the provision of services.

A basic consideration will be the determination of methods of financing the program. A detailed discussion of the various alternatives for and components of appropriate financial support is contained in Section V, Business Management.

Administrative Relationships

In planning the overall organization of the health program, the single most important determinant of success is that responsibility for the entire health program should be vested in one office or administrative unit which is charged with implementing and coordinating the program. Each administrative unit or office which has a resource which could enrich or support the health program should be encouraged to participate. Their service contributions may be more enthusiastic and more effective if they participate in a multidisciplinary coordinating committee which represents each of the involved units and stands ready to advise the program director/coordinator. Operating responsibility, however, is best left in one office, the ultimate responsibility of a single individual.

If the health program is to be maximally effective, the administrative unit which organizes and operates it (e.g., the health service) should remain as independent as possible from other academic, administrative, or service functions. The health service provides help for the entire institutional community and should be free from the special interests which may distort the program when its objectives become confused with those of the other departments or units. In particular, it is important that the health service not be identified or confused with any administrative unit which is seen by students as having a disciplinary or controlling function in their lives. The development of complete confidentiality of all contacts between students and the staff of the health service is of the utmost importance if the health program is to gain the respect and confidence of students. Any relationship which students perceive as threatening confidentiality may compromise the program seriously. It is for this reason that the relationship of the health service to the dean of students should be considered very carefully.

The first step in developing the health program may be either to appoint an advisory health council which will outline program goals and suggest steps for implementation or to appoint the program director/coordinator.

The former is ideal when it is possible, since it provides broad guidelines for institutional commitment, on the basis of which a director/coordinator may be employed. On the other hand, in many institutions it has been more effective first to appoint the director/coordinator of the health program (who in most cases will be a nurse) and to charge this individual with responsibility for developing a health program. This administrative unit often is known as the college health service(s). The director/coordinator must be charged to give leadership and guidance for the development and implementation of the total health program.

If the director/coordinator has been appointed as the initial step in program development, it is urged that a health advisory council, representing students, faculty, administrative staff, and health professionals from the extramural community and other colleges, be called together to provide guidance and support for program development. This advisory group should be very helpful to the director/coordinator in seeking out those resources among individuals and organizations, both on and off campus, which can make significant contributions to the total health program.

Development of the health program should be an important part of the professional life of the director/coordinator, not simply a peripheral part-time activity with low visibility and meager reward. Furthermore, in all cases in which the director/coordinator does not report directly to the chief administrative officer of the college, it is important that direct access to the president or his designated representative be assured whenever the director/coordinator feels this is important. At the same time, the director/coordinator should be encouraged to communicate closely with students at all times, since they may provide the most consistent and valuable support for the program and will be the chief recipients of its specific benefits.

II. THE HEALTH PROGRAM: SERVICES AND ACTIVITIES

A. Overview of Services

Standard

Every community college, regardless of its size, resources, composition, student body, or special occupational problems, should have a plan through which the health needs of students, faculty, and staff can be met by health services which are available, accessible, and of high quality. Services should be available in each of the following broad program areas: personal medical, mental health, and other direct health care, including community-oriented preventive services; environmental surveillance and control; and education for healthful personal and community living.

Comments

In order to meet this standard, it is not necessary for a community college to provide directly a complete range of services in all of these areas. What is necessary is that each institution assure the ready availability of necessary services either from resources in the extramural community or through services which it organizes and operates directly. It is entirely possible to create and maintain a comprehensive and effective health program almost entirely through the coordination of medical, environmental, and educational services which are already in operation. For a detailed discussion of developing effective relationships with these services, see II S, Extramural Resources.

> Example: Emergency and limited diagnostic care provided directly on campus may be supplemented by arrangements to refer (and, if necessary, transport) students and others to a nearby hospital or medical clinic for care. A local industry may be called upon to loan the services of its safety engineer as a consultant concerning an accident prevention program. A local voluntary agency may be eager to arrange a health education program. Clergymen may be available to supplement the counseling service. Faculty spouses may have numerous talents to contribute to the institution's health program in support of clinical or educational services.

Implementation

1. Formulate a statement of commitment to the promotion of health as an essential part of and support for the educational program; review this at all levels (students, faculty, staff, and administration), and seek its approval by the governing board.

2. Appoint a health advisory council, with representatives from all levels of the institution (including students), extramural health workers, and health professionals from other colleges. This council should a. outline a health program, b. establish priorities for implementation, c. specify the criteria for program evaluation, and d. assist in selection of a director/coordinator of the program.

3. Appoint a director/coordinator of the health program. Although the appointment of a physician with experience in education and public health may be desirable, this position is held in most junior/community colleges by a nurse. She, also, should have additional education and/or experience in education, public health, and administration whenever this is possible. Appointment of the advisory council sometimes has to be postponed until after the director/coordinator has been appointed.

4. When the director/coordinator is not a physician, it is absolutely necessary that there be at least a physician consultant who will assume responsibility for all diagnostic and therapeutic medical procedures, and who will bear responsibility for confidentiality of medical records.

B. Provision for Emergencies

Standard

A basic responsibility of every institution is to make provision for the prompt identification of emergencies, the administration of first aid, and the removal of victims to sources of definitive care.

Comments

Wherever there are aggregations of people involved in the common activities of daily life, sooner or later there will be accidents or unplanned outcomes of normal activity which will require prompt response to protect the welfare of the individual or individuals involved. This is especially true of aggregations of young adults who may be involved in recreational activities, laboratory exercises, etc. Mass disasters and student disorders are a continuous possibility. Emergency situations will be dealt with effectively only when there has been planning in advance.

Implementation

1. Identify faculty, staff, and students who have had first aid or other training or experience. Ask them to meet, or talk with them individually, to see if they will be willing to help in an emergency. Make a note of how and where they can be reached.

2. Set up a system for having information concerning emergencies transmitted promptly and accurately to the health center.

   a. Post notices in prominent locations, including each classroom, athletic facility, laboratory, and shop, giving the health service phone number and instructions concerning the information which should be given when reporting an accident or other emergency.

   b. At the beginning of each year circulate a notice to all faculty; insert a notice in the school bulletin, ask to have it run in the student paper, announced on the student radio.

3. Arrange periodic meetings of first aid workers. Refresher training, drills, mock disasters are helpful in maintaining interest and readiness to serve.

4. Store first aid supplies in readily accessible areas where they are most likely to be needed. Check them at intervals to make certain they are useable.

5. Arrange in advance for prompt and effective transfer of victims of accidents or acute illness to a medical care facility for appropriate care.

   a. Call campus security and local fire, police, or ambulance services to find out what facilities are available and what limitations, if any, there are on their use. Is there a charge for services? When are they available?

   b. Call each local hospital or clinic to see whether or not emergency victims will be accepted. Is there 24-hour service or are there hours when the emergency service is closed? Is there limitation in the type of problems which can be accepted?

C. Ambulatory Services

Standard

Ambulatory services should be developed which will provide at least an initial source of help for any student (or faculty or staff member) who has a known or suspected health problem. Services provided directly or to which prospective patients are referred should be of high quality under all circumstances. Courtesy on the part of all health workers is the order of the day in all contacts with students, faculty, and staff.

Comments

Students in community colleges tend to be commuters. On the one hand, they have reduced financial burdens and continued emotional support from the family unit; on the other, their thrust for maturity and independence may be blunted. They continue to bear the family's burdens, and problem-solving is related to the home situation. All young adults seek and deserve means of resolving their health problems which are alternatives to seeing the family physician (often a pediatrician) who is accustomed to reporting to their parents. This is especially true in the case of emotional difficulties. The student who is thrust repeatedly back to his parents for problem-solving is being denied a valuable opportunity for growth. Commuter students often need more, not less, support than resident students, who have the continuing support of their peers.

It should be emphasized that assuring the availability of outpatient services does not require the community college to establish an extensive outpatient clinic, complete with a wide range of diagnostic and therapeutic resources, including the availability of medical specialists. It does require, however, that the health director/coordinator learn in some detail what outpatient services are already available in the extramural community from hospitals, clinics, private physicians, municipal or county health units, voluntary health agencies, other college health services, and possibly even industrial health programs. It is highly desirable for the college itself to have at least limited diagnostic capabilities in the form of a full-time nurse and a part-time physician. Even when these cannot be provided directly, however, an arrangement for students, faculty, or staff to use other available resources will provide a reasonably satisfactory substitute.

Implementation

1. The health director/coordinator should make a detailed survey of the diagnostic and therapeutic outpatient services available from the extramural community, emphasizing those which may be needed most commonly. These may include care for general medical and minor surgical problems and in the common specialties such as orthopedics, gynecology, dermatology, ENT, and ophthalmology. Directions for the referral of patients should be outlined clearly, including the means of physical transfer when necessary and the method of payment which is expected.

2. It is highly advisable, whenever possible, that the community college employ a full-time nurse who will be available on the premises during all hours when a large number of activities are in progress. This nurse may be the director/coordinator of the health program, in which case additional help may be needed to staff the outpatient clinic while she is busy with active coordination of other parts of the program.

3. In all cases in which the director/coordinator of the health program is not a physician, it is important that a physician be appointed as consultant for the program in all matters related to medical care. Whenever any diagnostic or therapeutic services are provided directly by the college (beyond strict first aid), it is imperative that a physician be appointed as consultant to the program and responsible for the direction of all matters related to medical care. It is

totally inappropriate and legally indefensible for a lone nurse to be providing diagnostic or therapeutic measures beyond first aid without having a physician available for consultation. (See also III B, Nursing Services.)

4. Ambulatory facilities should include one or more beds where persons who are ill may be allowed to rest until transfer can be arranged for more definitive care.

5. There should be a clear statement defining those members of the institutional community (students, faculty, staff, visitors) who are eligible for care. This statement should be widely publicized.

6. Ambulatory services, when provided at the college, should be available at regularly scheduled hours which are convenient for the population to be served. A statement should be publicized which specifies the hours when services are available and any special conditions which must be observed, including provisions for referral to extramural resources.

7. A nurse should be assigned to the health center at all hours when a large number of activities, academic or recreational, are in progress. In addition, a physician should be available during at least limited hours whenever this is possible. When this is not possible, the means for referral of patients to physicians should be clear and readily available.

8. Careful records should be kept of all visits to the ambulatory clinic and other services of the health center. Careful enumeration of all services and requests is the best means of documenting the important place which the health service holds in the academic community.

   Example: A statistical record of services can be started with a simple daily log which contains brief notations of requests for information, notes from physicians, letters written for students, and the myriad other services provided in addition to personal care. From time to time the information can be summarized to reflect a very useful profile of services provided.

9. Strict confidentiality must be maintained at all times concerning the details of health records, including all complaints, examinations, and diagnoses. Only general information concerning the number of patients seen and general analyses of problems should be presented for general review -- never under any circumstance clinical information which can be identified with a specific patient. This policy concerning confidentiality should be enunciated clearly and explained to students early in their association with the college, since it is essential for developing the trust which underlies all successful health services.

D. Inpatient Services

Standard

Every college health program should provide assurance that bedcare for students will be available whenever it may be needed; some programs may, in addition, be extended to provide similar assurance of care for student dependents, faculty, staff, and other members of the college community.

Comments

Very few community colleges find it necessary or possible to provide bedcare directly through a hospital or intermediate-care facility located on campus. Most are located in urban or populated areas and find it much more economical and satisfactory to arrange for care being available at local community or private hospitals.

Although most of the needs for hospitalization of commuting students can be arranged through the assistance of students' families, it is not adequate for the college to assume that these arrangements will be satisfactory in all cases. There are, in the first place, those older students who may be living and working away from home, attending college on a part-time basis, who have no natural family ties in the community and no one to assist them to arrange hospitalization in time of need. Second, there often are a large number of students for whom assistance from home is either ineffectual or undesirable. In the hour of acute need, these students may, with complete justification, look to the college health service to assist them in making arrangements for hospital care. This assistance can be provided most readily when arrangements have been made in advance for them to receive care in one or more of the local hospitals.

Since payment for inpatient care may be a serious problem to most students, it is essential that the provision for care include not only admission to the hospital, but also a financial framework, such as an insurance program, through which payment for services can be made. Students should be encouraged to subscribe to a health insurance program, since those who have not may find that they have to leave school as the result of heavy expenses. Every student who has to leave under these circumstances can be counted as a failure of the school's health program.

Implementation

Steps to be taken to assure the availability of inpatient care for students (and for others, if this is deemed appropriate) include the following:

1. Establish a list of all general hospitals which provide inpatient care within the population area served by the college.

2. Consult the administrator and the medical director of these hospitals and explore arrangements which can be made for admitting students under

varying conditions of urgency. In major cities this may require exploration of arrangements with only one or two nearby or otherwise available hospitals. In suburban areas it may be necessary to enter negotiations with several community hospitals in each of several population clusters.

3. Discuss and find the conditions under which students, and others, will be received in a hospital under strictly emergency conditions. Arrangements for transportation of patients who are disabled should be made through either college, community, or hospital transportation (ambulance) service.

4. For large institutions the hospital may be willing to set aside a designated number of beds which will be available for student-patients. Others may merely give assurance of making every possible effort to accommodate students along with other patients seeking admission.

5. Discuss the arrangement the hospital will expect for payment of in-patient services (i.e., deposit on admission, cash on discharge, credit for insurance benefits, etc.). The college may be willing to guarantee payment of the balance of bills after insurance benefits -- at least up to a certain limit.

6. Arrange to have the college physician granted staff privileges at the hospital (if he is not already a staff member) so that continuity of care may be assured after students have been admitted. If a staff appointment is not possible, discuss with the chief of the medical staff whether or not the college physician may be allowed to follow the patient's course on a courtesy basis.

7. Arrange for at least summary information of the student's hospitalization to be transferred to the student's health folder at the college.

8. Review the supplementary student health insurance policy to make sure that it actually will meet a large proportion of predictable needs (a hospital board and room benefit of $25 per day may sound great - until one is faced with actual charges of $80-$100 per day). Get the advice of an expert in designing the supplementary insurance program. (For discussion of insurance, see Section V, Business Management.)

E. Records

Standard

It is highly desirable that a permanent health record be established for each student (and others eligible for care) and that this record include an appropriate notation of every visit, service, or other contact of the patient with the health service for diagnosis, therapy, rehabilitation, or other form of personal health care.

Comments

Complete and continuing health records are important for several reasons. Good records cannot assure high-quality care, but superior care is less likely when records are casual, shabby, or incomplete. Accurate records of previous care often are helpful in providing high-quality care more promptly at a later date. It is only through the careful accumulation and thoughtful analysis of records that it is possible to evaluate the effectiveness of different services and activities of the health program. Finally, not infrequently it is of considerable importance for medicolegal reasons that the medical records reflect accurately and in reasonable detail what transpired during each contact of the patient with the health service.

The health record is best started with health information gained for each student after acceptance but prior to matriculation. Analysis of this information is helpful for identifying those students for whom some adaptation of the academic or social program is in order and those who need additional evaluation, continuing treatment, or other assistance.

It is important that the medical records be processed and stored in a manner which will assure maintaining strict confidentiality at all times regarding all details of complaints, findings, and diagnoses. Students are acutely aware of how important confidentiality is in maintaining high-quality care and they are quick to sense carelessness in the manner in which information is handled; in their eyes an apparent breach of confidentiality will be equally as serious as an actual documented indiscretion. Every effort should be made, therefore, to maintain the appearance as well as the reality of continuing dedication to confidentiality. All medical records should be kept in a secure location with access limited to professional members of the health service staff. Under no circumstance should either the medical record itself or information contained therein be shared with academic or administrative personnel.

It is advisable for detailed records of mental health consultations or other emotional problems to be maintained in a separate health record which is kept in a locked compartment or file, accessible only to members of the mental health division.

Information from the medical record should be transmitted to third parties only with prior informed consent of the patient. Even with this consent, however, it is inadvisable for information from the health record to be transmitted to third parties when this is to be used for screening for employment, government clearance, etc.

Implementation

1. Establish a format for gathering entrance health information prior to matriculation and for having this information reviewed by personnel from the health services.

2. Design and adopt forms for gathering health information. (Whenever possible, the standard form adopted by the ACHA and AMA should be used, with minor modifications for local needs. Copies are available from the ACHA.)

   Note: The college should ask for only that health information which has potential use in the interest of the student, either as a basis for adjustments of the academic or social program or in preparation for personal medical care which may become necessary. Detailed health information should not be requested if the college does not have a physician appointed to review it, or supervise the review of it, and to interpret the information to the faculty and administration. Nothing is gained by accumulating files of data which have no prospect of being used.

3. Establish a system for sending out health forms to all applicants who have been accepted so that information can be returned to the health center prior to matriculation.

   Note: Health forms may be distributed by the admissions office, but they must be returned only to the health center. It is inappropriate and unethical for any physician to provide detailed health information when it is directed to other than the college physician or a health professional acting on his behalf.

4. Establish a system for compiling and filing health information for each student-patient.

   a. The health folder should contain a continuous record of all visits or transactions with the health service. It should include:

      --All ambulatory visits, including whether the patient was seen by a nurse, physician, or other therapist, and whether referred to some other source of care.

      --All diagnostic tests and procedures, whether performed at the health center or at an outside laboratory.

      --All consultations performed at the health center or for which a report is available.

      --All therapeutic and rehabilitative procedures, whether provided at the health center or at another resource.

      --All lying-down or inpatient care.

      --All significant administrative services.

   b. Records must be filed at the health center so that access is limited to authorized health service personnel.

      --Confidentiality must be protected at all times.

--Ready accessibility to health service personnel at all times is important.

--Records should not be taken from the health center for any reason (except the very infrequent court subpoena) unless in the continuous direct custody of the director/coordinator.

--Records should be kept in locked files whenever there is any question concerning security of the health center (i.e., unless the center can be locked, with keys unavailable to non-health personnel, when it is not in use).

5. Establish a system for reviewing all incoming health information to identify students who may need either special services or some adaptation of their college program. Later, students at increased risk may be identified for possible preventive health programs (students who have family history of diabetes, who are obese, who smoke excessively, etc.).

   Note: Information gained should be kept confidential and used only in the direct interest of the students. There is no real purpose served by notifying the faculty or the dean of students concerning diabetics and epileptics. A more constructive approach is an educational program to inform faculty concerning care for diabetic shock and convulsions.

6. Establish a system for gathering diagnostic and service data from medical records. These statistics will provide some of the information needed for evaluation of present programs and planning for the future. For example: prominent health and safety problems can be identified and trends recognized; future service needs can be predicted, giving valuable information for planning, staffing, and financial support; and epidemiological studies can be initiated, leading to preventive programs.

   Example

   a. Begin by keeping a simple log of all students and others who come to the health center for personal help or information. Make a note to indicate what service was provided and by whom (nurse, physician, clerk, etc.). No clinical information should be included, so it will be appropriate to share the "raw" information with responsible non-health professionals. This information will give anyone interested a quick view of the range of services and will provide valuable back-up for requests for support for the health program.

   b. Keep a record of clinical services provided, by diagnostic categories, if possible. From the number of respiratory infections, sprains, or heartaches it should be possible to see the trend of illness, to compare it with other years, to identify at least some of the causes of accidents or campus tension. This information in summary form may be shared with others but not in a manner which will identify individual patients.

c. At regular intervals (monthly, quarterly, yearly), summarize the records of traffic through the health center and the clinical services. Report this to others in the college so they know what the health service is doing. Be sure to note requests for services or information which couldn't be answered; these are some of the guides for program development.

d. Make a note in particular of students who have an interest in working to improve the health service. Encourage them to join the advisory health council. They are an invaluable resource.

7. Establish a written policy concerning the release of health information, both to persons within and outside the college. In general, no clinical information should be released to anyone without specific authorization from the patient.

a. Instructors may be given verification of a student's report of having visited the health center on a certain date (this is public information which anyone could have observed in the waiting room), but no clinical information should be transmitted.

b. Personal physicians may be given appropriate information if identification is certain and the request is made in connection with continuing care. If telephone identification is in doubt, get the physician's number and offer to call back (after you have verified the number as legitimate).

c. Requests from parents, especially for "sensitive" information, often can be answered by suggesting the parent first discuss the problem with the student, and then that both parent and student come to the health center to discuss it jointly, if desired.

d. No information should be sent to government agencies, employers, schools, etc., when it is to be used for screening, even when authorization has been obtained, without contacting the individual regarding the action he wishes to be taken. (The authorization may have been obtained under duress.)

e. Attorneys may be sent information after authorization has been granted by the student, and by a parent or guardian if he is under 21. Consult the student first to see what information is to be sent. Also, consult the college attorney for legal provisions peculiar to the state.

f. If in doubt about giving information, give a statement to the student and let him send it to whom he wishes.

F. Laboratory Services

Standard

High-quality medical care can be maintained only when adequate laboratory services are available. It is important, therefore, that arrangements be made in advance to have appropriate laboratory tests performed when requested by the physician in support of medical services.

Comments

Most community colleges, especially those of modest or small size, will find it unnecessary and/or uneconomical to provide more than the most rudimentary laboratory services directly on the campus. A few simple tests or screening procedures can be performed by persons who have had very little training. Most laboratory work, however, requires considerable background of training and experience and a sufficient continuing volume of daily work to maintain proficiency and interest among the laboratory staff. Most community colleges, therefore, will be best advised to seek all except the simplest laboratory services from a laboratory in the community.

The college has a responsibility for referring students to laboratories from which high-quality work can be assured. The director/coordinator of the health program should be discriminating, therefore, in making arrangements with only those laboratories which can demonstrate a satisfactory record of performance as demonstrated by a rigid quality-control system (for example, the program sponsored by the College of American Pathologists).

Arrangements with the laboratory for services should include determination of the way in which payment will be expected or accepted. Students who are faced with unexpected high expenses may either find themselves unable to pay for services or elect not to have recommended tests performed. It is urged, therefore, that payment for at least basic laboratory services be arranged either through the student health program directly or through a supplementary health insurance policy.

Implementation

1. Contact both hospital and private clinical laboratories in the area to determine whether or not they will be interested in accepting student-patients when referred by physicians from the health service.

2. Ask for a record of the laboratory's quality control program, such as certification from a state board of health or licensing board, the College of American Pathologists, etc.

3. Arrange for payment of laboratory services, preferably directly by the college or through the supplementary health insurance policy. If students must pay for laboratory services individually, they should know this at the time they are sent to the laboratory.

4. Arrange for transportation for those students who need it, or at least be able to instruct students in detail concerning the ways of getting to and from the laboratory when this is some distance from the campus. It is helpful to have written instructions to give to patients at the time of referral concerning transportation, payment, preparation for tests, and other pertinent details.

5. Arrange with the laboratory to have a written report of each examination returned to the health center as soon as possible. This report should be initialed by the physician who ordered the examination and entered in the student's health folder.

6. Keep a record of all students referred for laboratory services. This will help determine the time at which it may be more economical to students for the college to institute its own laboratory service.

G. Radiological Services

Standard

Diagnostic radiological services are an important component of high-quality medical care. It is important, therefore, that they be available at a convenient location under terms clearly understood by the health service staff and patients. It is important, also, that transportation be readily available in the event of injury.

Comments

Although radiological services are utilized with less frequency than laboratory services, their use may be indispensable for establishing diagnosis and for measuring the effectiveness of treatment.

Since the initial cost of equipment and the continuing operation of a radiological service is high, it is unlikely that any except the largest community colleges will find it economical to provide this service directly on campus. Most institutions, therefore, will find it most satisfactory to arrange for radiological services at a nearby clinic or hospital.

As in the case of other referral services, the college has a responsibility to refer students to radiological services from which high-quality work can be assured. The degree of adherence to high standards of safety in radiation protection is an important criterion of quality of service; it should be given special consideration in the selection of a referral service.

Making arrangements for payment for services is especially important in view of the high cost to individuals of obtaining necessary radiological services.

Implementation

See II F, Laboratory Services. Details of implementation are similar.

H. Pharmacy Service

Standard

Ready availability of medications and supplies ordered by the physician or other therapist is essential if personal health services are to be effective. Therapeutic agents should be available under conditions, including financial arrangements, which encourage their prompt and proper use.

All medications should be of high quality. They should be administered or dispensed with a high level of professional competence, in a manner consistent with the pharmacy code and other pertinent state and federal laws and administrative regulations.

Comments

Very few community college health services will find it economically feasible or otherwise appropriate to establish directly their own pharmacy or medication service on campus. Most will rely chiefly on hospital, clinic, or retail pharmacies to fill the needs of students for medications, with the possible exception of a few commonly used therapeutic agents.

It is well to distinguish between "administering" and "dispensing" therapeutic agents. "Administering" medication usually is interpreted as providing the patient with a unit dose and sufficient additional doses to maintain the therapeutic regimen until a continuing supply can be obtained from a pharmacy. The interpretation may vary considerably from one area to another. "Dispensing," on the other hand, usually refers to the act of a registered pharmacist who provides therapeutic agents according to the prescription of a licensed physician from either a retail or hospital pharmacy.

State pharmacy regulations are consistent in stipulating that all dispensing of medications must be done under the direct supervision of a registered pharmacist. This does not require a pharmacist to be physically present at all times, but it does at least require that a consulting pharmacist be employed whenever medications are administered or dispensed in amounts in excess of the immediate needs of the patient (state pharmacy regulations should be checked for details).

Implementation

Assuming a decision not to have a pharmacy service on campus:

1. Canvass the neighborhood for all pharmacies, retail and institutional, to determine which may be interested in serving student-patients. Make certain that all interested are operating under the direction of a licensed registered pharmacist.

2. Ask whether any will offer preferential charges to students. Often pharmacists will do this, especially if payment for services is guaranteed by the college, either by direct payment or through an insurance policy.

3. Determine the hours of service; ask under what conditions out-of-hours service will be available in an emergency.

4. Make a list of pharmacies which can be recommended, their hours of service, and other information (such as expectations for payment) helpful to students. Make this information available at the health center.

5. Discuss methods for payment with the health advisory council; get their recommendations and support.

6. Work to have at least major pharmacy charges either included in the student supplementary insurance policy or guaranteed by the college.

7. Arrange, with the physician responsible for medical services, to stock medications which are used frequently and which can be administered safely under the physician's direction. The "standard directions" under which the nurse operates in the absence of the physician should delineate carefully between non-prescription items, which can be used freely in accordance with customary directions, and those items which can be administered or dispensed legally only upon a physician's order. Occasionally a physician may be willing to assume responsibility for having a nurse administer a sufficient amount of selected prescription items in accordance with specific directions to last until the patient can be seen by a physician. This practice is not without hazard and should be discouraged.

    Note: The "lone nurse" who administers or dispenses prescription medications without the direct knowledge and support of a physician is skating on very thin ice over very deep water. All states have nurse practice and medical practice statutes which delineate the professional responsibilities and prerogatives of nurses and physicians in providing care. These statutes are generally uniform in specifying that nurses may provide medical care only under the direct supervision of a physician. Although there is some exploration of the use of specially trained nurses as nurse practitioners, this has taken place only under carefully controlled conditions. Even then, it has not been accorded legal protection. The college which permits this practice may find itself adrift and helpless in a legal tempest.

8. Arrange appropriate security and accounting procedures for any medications designated as "controllable." Special regulations govern the storage and use of narcotics.

9. Make a list of all medications which are stocked, with a brief notation of the indications and the usual directions for use. This modified formulary should be available to all members of the health service staff.

10. Get, and keep on file, a copy of the pharmacy regulations of your state.

11. If a dispensing pharmacy is to be established, a registered pharmacist must be physically present during the hours it is in operation. In some cases it might be feasible to have a part-time pharmacist and to defer filling prescriptions to the two or three hours a day when he is present.

I. Mental Health

Standard

It is through integration of thought, feeling, and action that students and faculty can release the full vigor of their critical and creative facilities and develop a robust response to environmental stress. It is important, therefore, that every educational institution make available for students, through either its own or extramural resources, appropriate skilled professional assistance in coping with the emotional problems of their personal and social lives. Likewise, faculty and staff members should be assured of the availability of resources for solving their emotional problems, even though these are not provided directly by the college.

One important immediate objective of the mental health program is to provide prompt recognition and effective treatment of those members of the institutional community who are not able to cope effectively with the stresses of academic life and communal living. Every college should develop a network of helping services through which students in distress can be identified and offered help by referral to outside agencies when definitive care is not possible within the institution.

A second and equally important objective of the mental health program is the development of a community preventive mental health program. It should be concerned not only with students who have individual emotional disturbances, but also with the entire college community, viewing it as an organism whose function would be compromised either by a climate of undue stress or by inadequate planning and support for appropriate adaptive resources.

The responsibility for making a mental health program available is no less binding upon the school which comprises predominantly commuting students than it is upon a large institution in which the majority of students are in residence.

Comments

Many college students need some professional assistance to cope with the stresses of growth and adjustment, situational anxiety problems, and even overt psychiatric problems. It is the conviction of many who have had considerable experience with young adults that the ready availability of help at an early stage of need often prevents the development of more serious and prolonged emotional disability.

When adequate resources are readily available, the number of students who seek help is found repeatedly to be 10-15%, or even higher, per year. This varies widely under different circumstances, depending largely on availability and the perception students have for the service.

It is a common misconception among junior and community colleges that commuting students have substantially less need for health services than students living away from home in a residential school. For several related reasons, this seems not to be the case. Students living on campus are able to share the problems and gain the support of their peers in areas in which there is close understanding. To be sure, the commuting student has the opportunity to return daily to the support, protection, and encouragement of home. On the other hand, this often means that he/she must return daily to a scene which may be confusing and inconsistent with his/her new interests and to family members who may be unsympathetic with his/her newly developing goals. The commuting student may, indeed, be able to see his usual medical advisor in the evening or in the afternoon after returning from school -- or perhaps by remaining home and losing time from classes. For predominantly physical problems, this may be an acceptable answer and he may be able to accept this without serious compromise of his goals and standards. Often, however, especially when problems have a strong emotional component, which most likely will be related to his newly developing interests and striving for independence, the student will be reluctant to consult his family medical advisor, who may be a pediatrician who has become accustomed to reporting the results of consultations to his parents.

The need for independent assistance for emotional problems is directly related to the important task of the young adult in developing a coherent adult identity which must be based in part upon competence in independent decision-making and establishing personal goals and activity patterns. One of the most important functions of any educational institution is to provide as wide a variety as possible of decision-making opportunities. These should be based upon the availability of sound information, freedom to explore different value systems, and an opportunity to try tentative decision-making -- and to observe attendant consequences. Freedom from the constraints, errors, and misconceptions of the past, freedom to make independent observations and decisions is the core of a liberal education. Any school which limits the perspective of its students by providing them no alternative to returning home for problem-solving does them a serious injustice. Institutions which have such a limited view of their mission may be providing their students vocational training, but they certainly are not providing education in a broad or comprehensive context.

In many junior or community colleges it will be decided that creating an extensive mental health program with trained personnel on campus is impossible, or possible only as an expense which cannot be defended. Even in these situations, however, a very successful mental health program can be created which will aim at prompt recognition and referral of students to professional help located off campus.

Students who are seeking help for emotional problems may find it much easier to consult a friendly nurse, counselor, physician, or educator than to open their hearts in the office of the dean, who often is seen primarily as a disciplinarian. A friendly tone in the health service will encourage students to consult the staff freely and bring their more difficult problems there for advice and counseling. Health personnel who are interested and understanding, and who listen carefully in evaluating a student's presenting problem, often will be able to provide support for unrecognized or unspoken difficulties. In addition, health workers who are identified with the institution as a whole, not merely seen as professionals in the limited health center atmosphere, often will be accepted more readily and will indeed be more useful to students who have emotional problems.

Whenever possible, the student should be visualized in residential, classroom, and social situations. Does he have friends? Is he a loner? Does he sleep well, eat well, take drugs? How is he performing academically? Is he able to study and concentrate? Does he seem depressed? Is he aware of emotional problems and how they are interfering in his life? Is he having problems in family relationships, with a girlfriend or boyfriend, or with faculty? A friendly, understanding listener may be all that is needed to assure the student that his anxieties are normal or at least shared by many others in his situation.

It is important that the student be able to see the health service as a resource for counseling and support for his hopes, as help in resolving his fears and anxieties. It is critical that the atmosphere of the health service and all of its personnel be one of openness, warmth, acceptance, and support. Given the opportunity, students rapidly identify those on campus who are able to help them. They in turn refer other students in trouble if their own experience is favorable. Often, in the community college, a nurse may be the health director and the only professional worker in the health program on campus. It is her responsibility to acquaint the administration and faculty with the emotional needs of students and with the urgency of maintaining adequate resources for providing emotional support, either at the college or in the community outside. The college health nurse can be supportive to students herself in evaluating emotional problems, but she must know her own limitations and be ready to refer those students with serious psychological problems to other more competent professional help. Supplemented with postgraduate education and experience with adolescent behavior, the nurse in her daily contact with students will be better equipped to sense the hidden anxieties of students and to introduce the concept that emotional support may assist them in resolving some of their anxieties. In short, maintaining a warm, friendly open door and a clear line of referral may be the most important function in the area of individual health care.

In addition to providing support to individuals who recognize their discomfort from stress, the college has an important responsibility to encourage the development of an institutional community in which stress is reduced (or at least controlled) and the adaptive or coping resources of individuals are nurtured. The college community can be viewed as an ecological unit in which productivity of the educational enterprise can be increased or inhibited considerably by the perception of students, faculty, and staff of the quality of interpersonal relationships. Is there a warm interest among faculty for the welfare of students? Do staff members see themselves as important to the college's program? -- and is their view shared by faculty? Is competitiveness the dominant driving force among faculty? -- and students? What are admissions, grading, and dismissal policies? In planning the institution's future, is there willingness among faculty, administrators, students, and staff to have all share in planning? -- for all to share the responsibility for supporting joint decisions? Is there a network of helping resources on campus, a variety of sources of help in problem-solving, a concern that there must be some place or person to whom anyone can go in a moment of stress? This in itself is more than therapeutic; it is preventive of deeper anxiety which may be disabling.

All of these factors, operating both singly and as closely related variables, contribute to the socio-cultural environment in which members of the college community function. Clearly, it is not possible to remove all stresses, nor would it be desirable, since the resulting life would be bland, unchallenging and unproductive. The mandate of the college is to search itself continuously for environmental influences which have an impact on college life and the educational process, and describe and measure -- or at least estimate as carefully as possible -- their effect. Those environmental agents of stress or "dis-ease" which are destructive must be eliminated; others may be controlled within tolerable limits. Still other apparent sources of immediate stress (intramural sports) may even be encouraged as a means of increasing the ability of individuals to cope with more serious problems in later life.

In brief, health is not merely the absence of disease and the elimination of stress. Health is stress overcome. One of our chief tasks as educators is to program stress incrementally so that at each stage of development students will be challenged but able to cope. In order to do this effectively, it is necessary to be aware of the nature and severity of each of the environmental factors involved.

There are no ready-packaged plans for preventive mental health programs. They develop gradually as the result of an institutional commitment to be sensitive to human need and to explore continuously ways for improving human interaction. Their focus is on identification and support of environmental factors which promote vigorous emotional health, not on identification and treatment of ill or disturbed individuals.

Implementation

1. Arrange with specific selected therapists to be available for consultation in an emergency. Make plans for transportation, if this is necessary.

2. Find out, with the help of the therapist, where an acutely disturbed student could be hospitalized if necessary. Outline emergency procedures.

3. Identify persons in the college community who have an interest in emotional health and who are willing to work together to improve the college environment. In addition to the health services staff, these may include members of the guidance/counseling/testing center; clergymen; and interested faculty, perhaps most likely found in the departments of psychology, sociology, anthropology, health education, and recreation.

   a. Invite interested people to [illegible] meeting at which someone from outside the college will discuss possibilities for improving the emotional and social climate.

   b. Put articles in the student newspaper pointing out that over 10% of students will consult a professional each year in a college which has a mental health service which is respected. (Respect is built on basic competence augmented by strict observance of confidentiality.)

   c. Ask for student volunteers to study mental health programs in other colleges.

4. Identify resources in the neighboring area which may be interested and willing to assist in getting a program started. These may include: area mental health centers; voluntary agencies such as social or family service agencies; clergymen; independent psychiatrists, physicians or psychologists; state departments of public health or mental health; local hospitals or clinics; and area school systems. Invite representatives to visit the college to make suggestions, and to participate in planning.

5. Establish a warm, accepting, and supporting atmosphere at the health center at all times. Courtesy and genuine interest in the problems of students should be promoted by everyone.

6. Spread the word to faculty and administrators about readiness to serve.

   a. Invite those who have shown an interest to informal meetings to get acquainted. A weekly "bag lunch" is an inexpensive but invaluable investment in public relations. The agenda is less important than the chance to share problems and interests.

   b. Take every opportunity to explain the importance of confidentiality. This is threatening only to those who are unsure of themselves or uncertain about the activities of the health services staff.

   c. Encourage others to share their problems. In doing so, encourage them to observe the same level of confidentiality which you expect them to honor.

7. Start a periodic informal discussion group of students, faculty, administrators and health helpers (see 3 and 4 above) to discuss college environmental problems.

   a. Do students see faculty as basically warm and helping?

   b. Is competitiveness rampant, destructive?

   c. Is the grading system equitable?

   d. Is there an opportunity for students to meet faculty informally?

   e. How many students don't live at home? Are the living conditions of these students satisfactory?

   f. What special needs, if any, do community college students have?

   g. Do students know where to go for financial aid, legal advice, marital counseling, birth control?

8. Explore ways for working with others to influence those factors in the community which appear to inhibit freedom of interaction.

   a. Fear of faculty, failure, finances.

   b. Uncertainty about institutional goals.

9. Ask a local psychiatrist or psychologist to meet with the staff regularly to help increase sensitivity to need and capability in problem-solving.

10. Make every effort to identify or support the college nurse in her role as the most visible and most available mental health worker in the college. Help her to grow and to become the worker closest and most sensitive to the needs of the college community.

11. Arrange early orientation of new students to the health services.

   a. Explain services.

   b. Emphasize confidentiality.

   c. Stress the importance of the student's role in decision-making both for himself and for the institution.

J. Athletic Medicine

Standard

Every institution has a basic responsibility for providing medical supervision of the physical education and athletic programs. Specifically, this responsibility includes:

1. Defining the physical qualifications and the means for evaluation of all participants in the physical education and athletic programs.
2. Assuring prompt recognition, competent treatment, and complete rehabilitation for students injured during participation (but not necessarily providing treatment directly).
3. Supervising record-keeping for accidents and injuries.
4. Cooperating with the physical education and/or athletic departments in developing a program for injury prevention.
5. Providing medical guidance for training activities.
6. Cooperating with the physical education and/or athletic departments in training personnel involved in the care and rehabilitation of injured athletes.
7. Arranging for modification of physical education program or waiver of the requirement in the event of serious health problems.

Comments

Although many junior/community colleges do not support active intercollegiate athletic programs, many have a department of physical education with participation required of all students, and most encourage or support at least some form of informal intramural sports activities. Physical activity is an important, even if oft-neglected, component of healthful living. It is appropriate, therefore, that students be encouraged to participate in at least informal sports and other forms of physical recreation. Wherever these activities are encouraged, it is important that the college provide effective supervision of the activity itself and assure prompt recognition and effective care of those who may be injured. This means that whenever sports activities are scheduled, personnel capable of providing at least first aid in the event of injury should be available nearby, if not in the immediate area. Physical education personnel should be aware of available health services and of their limitations and liability in attempting to provide care for injuries.

The more formal the activity, the clearer the obligation of the college for establishing physical qualifications for those who participate and for describing the means for establishing or denying the qualification of students for participation.

Whenever there is a requirement for participation in physical activities, the qualifications for participation or for exclusion from participation should be established jointly by the health services and the department of physical education. Once the qualifications have been established, it is the health service staff which should be responsible for evaluating the health of individuals and for making recommendations concerning their participation. Any college which does not have a full-time physician on its health service staff certainly should have a physician consultant to whom questions concerning qualification can be referred. Although in general it may be satisfactory to rely upon the judgment of personal physicians, the ultimate decision concerning qualification for participation must rest with a physician whose commitment to the standards established for eligibility is so complete that there is no yielding to temptation to make an exception because of individual desires or pleas.

In every department of physical education, an attempt should be made to develop an adapted physical education program, comprising special activities for those with marked permanent physical limitations. Rehabilitation services for those whose disabilities may be subject to correction can be especially helpful.

Every intramural sports program should have organized medical supervision in order to prevent possible injury to those with physical limitations, to prevent aggravation of known existing health problems, and to provide prompt care for those who are injured. Although it might be ideal for each participant in the intramural sports program to have a physical examination yearly prior to participation, this is seldom if ever possible. As a compromise, it usually is satisfactory to review the entrance health information prior to original participation and then to review the health record or ask the student for supplementary health information the following year. This requires cooperation between physical education and health service staffs.

Whenever the college supports an organized intercollegiate athletic program, it is imperative that there be medical supervision of the program by competent physicians and other personnel who have special interest and skill in this area. A recommended policy adopted by the NCAA in January 1971 states that, "Member institutions should require that all members of their intercollegiate athletic teams be given annual medical examinations."(1)

It is advisable to appoint as team physician either a physician who is on the medical staff of the college health service or a physician from the extramural community who has special interest and capability in the area of athletic medicine. When this person is appointed, it should be made clear that his primary responsibility is to protect the health and welfare of student participants. He is not an agent of the coaching staff. In all decisions concerning the welfare of athletes, the team physician is guided by the principles of the Athlete's Bill of Rights.(2)

The team physician should be involved in the selection, orientation, and supervision of the training staff, setting guidelines within which they work and providing continuing evaluation of their performance. He should be ready to advise the coaching staff in matters concerning the health, nutrition, and conditioning of athletes. It is he who is solely responsible for determining the time at which athletes return to participation.

It is advisable to have competent dental care available for accidents involving the teeth or jaws.

Implementation

1. Appoint a physician as the college consultant for athletic medicine. Normally, this will be a member of the staff of the health service. When there is no staff physician willing and capable of serving in this capacity, canvass the physicians in the community for someone with special interest and capability. The county medical society should be helpful in identifying such a person.

2. Arrange for the physician to meet with the athletic/physical education staff to review activities which are planned and to determine physical qualifications for participation or exclusion. The physician who is unfamiliar with usual standards could request help from the chairman of the ACHA Section on Athletic Medicine.

3. Arrange to have a health evaluation for all prospective participants. For physical education and intramural activities, a review of entrance health information may be adequate for screening if the health information provides a specific statement concerning participation. All students having questionable findings should be referred to a physician. All participants in intercollegiate athletics should have a yearly physical exam by the physician. Arrange to have participants with dental defects referred to pre-arranged dentists.

4. Arrange first aid and transportation services which will be available during periods of physical activities and sports competition. Be sure that physical education instructors and athletic coaches know where and how services can be reached whenever activities are in progress and a regular staff of trainers is not on hand.

5. Help set up a system for reporting/recording accidents and injuries. Reviewing these statistics will be the basis of a program of prevention.

   Example: A sudden or unusual rise in injuries during basketball may be the result of excessive "contact." The preventive measure may be more strict officiating.

6. Confer with coaches and athletic trainers to see if closer guidance by a physician knowledgeable concerning athletic injuries would be helpful. Under ideal circumstances, athletic trainers should be responsible to the medical department for supervision of their professional services.

7. If teams travel to other schools, phone or write in advance to see if first aid will be available.

8. Encourage coaches and other physical education staff to meet informally with the health center staff to share mutual problems and interests. A weekly or biweekly "bag lunch" may be helpful in getting acquainted.

9. Arrange for the provision and regular use of protective devices of established value. Mouth protectors for players in body contact sports are in this category. The advice of a dentist should be sought.

K. Dental Services

Standard

Each college health program should make provision for appropriate dental services, recognizing that teeth, their supporting structures, and other oral tissues, should be given treatment similar to that provided for other body systems. A few simple dental and oral problems may be given initial treatment by the nursing or medical staff, but it is important that provision be made for referring students with serious or continuing problems to dental specialists in the same manner that students with medical problems are referred to appropriate medical or surgical specialists.

Young adults between the ages of 17 and 25, who constitute the majority of students in junior/community colleges, are very susceptible to many dental diseases, especially dental caries and periodontal problems. Neglect at this time can have serious repercussions in later life.

Comments

Most junior/community colleges will not have the resources for providing dental care directly. All, however, should provide a means for prompt recognition of dental problems and for assuring students of adequate dental care by referral to dentists in the community.

In developing the dental service, an attempt should be made whenever possible to identify dentists in the community who have a special interest in the health problems of young adults and to offer one of them a part-time appointment with the health service. It may be possible for this dentist to supervise the work of one or more dental hygienists or assistants, who will be able to provide valuable prophylactic and preventive services for students at minimal cost. Through this service it may be possible to provide early identification and referral for unrecognized dental problems which otherwise would have been neglected. The dental hygienist also can be very useful in providing the dental component to the health education program.

Any school which has an academic program for dental hygienists or dental assistants should develop this resource as a means of providing service to students (and, possibly, to faculty and staff). It is wasteful not to profit from use of the clinical facilities and the need of trainees for clinical experience, especially when this can be done with complete respect for the welfare and interest of students.

In selecting community dentists for referral, special care should be taken to select those who have a special interest in the problems of young adults, who are willing to accept them as patients, and who have demonstrated competence as operating dentists. Administrators should not be timid in asking dentists to participate in a dental care program.

Implementation

1. Keep a record of all students who come to the health center for dental information or service. A reliable record documenting complaints will be helpful in supporting the need for a dental health program.

2. Visit dentists in the extramural community to discuss with them whether or not they are interested in having students referred to them a. for emergency care, b. for routine dental care. Ask if they have special arrangements they would like made for payment for services. What special arrangements can they make for students with limited means?

3. Call the area dental society or a nearby dental school for assistance or suggestions in locating interested and capable dentists. If help is not available locally, call the state dental organization or department of public health for assistance.

4. Explore whether or not one of the dentists might be interested in a part-time position, with primary responsibility for supervising the work of dental hygienists or assistants.

5. Contact the local or state public health department to see if there are any regional dental clinics where students might be eligible for care. A nearby dental school may be another source of help.

6. Explore the possibility of getting support from the local dental society for a mouth-guard program for participants in contact sports.

L. Rehabilitation

Standard

Each junior/community college should try to assure the availability of rehabilitation services for students, faculty, and staff who have suffered impairment of function as a result of illness, accident, work, or academic program. In addition, there should be a rehabilitation program designed to meet the special needs of those students who enter the institution with physical, emotional, or social handicaps. This is especially important in view of the special role of junior/community colleges in offering educational programs for handicapped students. It is of no help to students with handicaps to be accepted in college only to find that there are no resources which will make it possible for them to take advantage of the new opportunity. Ideally, the rehabilitation program should aim to encourage maximum participation by all handicapped students in the academic, recreational, and social activities of the college community.

Comment

In preparation for handicapped students, all buildings should be designed or subsequently modified to allow access by the physically handicapped and to expedite travel between floors by elevators or ramps. There should be toilet facilities throughout the buildings where handicapped students can be accommodated. Roads, pedestrian walks, and approaches to buildings should be designed so as to minimize obstructions to free use by handicapped students.

Prior to admission, inquiry should be made of all applicants concerning major disabilities, past or present, which might limit participation in academic or social programs. Students otherwise admissable should not be denied admission simply on the basis of these disabilities unless the degree of impairment is sufficient to compromise seriously their opportunity for meeting academic requirements or adapting to the physical realities of building structure, terrain, or means of transportation.

The program for handicapped students should begin with the admission process, at which time health information should be gathered and reviewed in order to identify those students who need special arrangements for their academic program, physical education requirements, transportation, etc. Often the health service can be the coordinating agency for putting together assistance from the counseling center, the housing office, the registrar, the physical plant department, voluntary agencies, and others in order to arrange a coherent and feasible academic program.

Implementation

1. Assist the admissions office in setting up a vehicle for questioning students during the admissions process about any major disability which might hamper activity. Often a question concerning any limitation during the past year or two is all that is necessary.

   Note: At this point, prior to admission, it is not appropriate to seek detailed health information which does not have a direct bearing upon specific major limitations in function or adaptation.

2. Offer to review with the admissions office any questions which arise concerning interpretation of information.

3. Be sure that more detailed health information is sought after admission, but before matriculation. Review this information under the physician's guidance to see if there are students whose academic requirements should be modified, who need help in getting about, or who need specific rehabilitative services.

   Note: Details of confidential health information should not be discussed with administration or faculty. Only the professional interpretation in terms of modified requirements or services should be a matter for joint consideration.

4. Contact the dean of students, physical plant/security director, physical education department, and others who can be helpful in arranging special class assignments, use of non-public elevators, physical rehabilitation, etc. The counseling center may be helpful in obtaining special help for students with visual, hearing, or reading handicaps.

5. Contact the state rehabilitation service to see what help is available. Do the same with local and regional voluntary agencies.

6. Guide students with probable permanent handicaps to a career counseling service for help in choosing a suitable career.

7. Arrange special parking facilities for handicapped students, faculty, and staff.

8. Make it clear that the health center can be an intermediary, a resource of first resort, for locating appropriate help for almost any human problem.

M. Health Promotion

Standard

Promotion of those personal, social, and environmental factors which support health in its broadest interpretation is an essential part of any comprehensive community health program. Separating the health promotion program from clinical services, and especially from educational programs, is artificial and is justified only as a means of emphasizing its importance. These other parts of the health program have strong preventive functions.

Comment

It is in the area of prevention of illness and the promotion of health that the junior/community college has probably an outstanding opportunity for the development of excellence in distinctive programs. In general, effective preventive programs may be undertaken without the substantial capital investment and large continuing expenses of extensive clinical services. They require primarily awareness of need and a commitment to prevention as an effective tool in improving individual and community health.

An effective preventive health program can begin with the collection of appropriate health information at the time of entrance. The determination of what health information is appropriate can be made largely on the basis of the use anticipated for the information. In general, information should be sought which will:

1. Be helpful to the health service in meeting the needs of the student when he is in college.
2. Identify those students for whom a modification of program may be necessary.
3. Identify those students for whom specific or general preventive measures may be helpful as far as future health is concerned.

This information is best sought after the student has been accepted but before matriculation. Detailed information concerning medical history and health evaluation should be requested only when the college has a physician who has been appointed on at least a part-time basis, to review or supervise the review of the information and to interpret its significance to the college administration.

Under no circumstance should confidential health information be sent to the admissions office, the dean of students' office, or other non-medical administrative unit.

Those students who are subject to special risk, either because of pre-existing disability or because of their college-related activities, should be identified and offered the advantage of special health programs designed to minimize the risks. In addition, all academic, research, and service programs of the college should be reviewed to determine the presence of health hazards for which preventive measures should be instituted.

An area in which there is a tremendous, and largely unexplored, opportunity for service is that of identifying special risk groups of both student and adult populations and offering them appropriate preventive programs, many of which will be largely educational in nature. For example, students suffering from diabetes, obesity, chronic pulmonary disease, musculoskeletal problems, etc., should be made aware of the ways in which they can avoid anticipated complications from their health problems. Similarly, there are many unexplored opportunities in developing periodic screening or detection programs which will identify persons with potential disease in advance of their developing clinical symptoms. This is of particular significance for members of the college community who have a history of inadequate health care in pre-college years. Treatment often is most effective and disability minimized when diseases are recognized and treated prior to the development of overt symptoms. Another important educational and preventive activity is the provision of family planning services, or the referral of those interested to other appropriate resources.

Junior/community colleges which have high goals and broad perspectives for service may be in a position to make very significant social contributions in this area without the expenditure of huge sums of money.

Implementation

1. Review entrance health information to identify those students who are at potentially increased risk because of specific health problems (obesity, diabetes, tension headaches, for example) or because of family history of transmissible or inherited health problems (tuberculosis or hypertension, for example).

2. With the assistance of the physician, health educators, mental health consultant, plan for a periodic review, screening, or consultation process to identify symptoms as early as possible, or an educational program to prevent complications of basic health problems, physical or emotional.

3. Explore with neighboring health resources (clinics, hospitals, etc.) the possibility of having students (and possibly faculty and staff) included in existing health screening procedures.

4. Special care must be taken to review potential deficiencies in the health care of the population, with particular emphasis on adequacy of immunization status.

N. Environmental Health and Safety

Standard

Each institution has an obligation to assume continuing close and critical surveillance and effective control of all environmental factors which are likely to influence the health and safety of the institutional community. Among these are factors related to the community as a whole (food preparation and waste disposal), those involving spectacular hazards or serious contaminants (use of ionizing radiation or toxic chemicals), those related to physical disaster (fire, for example) and those related to a variety of occupational health and safety problems. Of no less importance are a multitude of less obvious problems such as noise, crowding, excessive competition, ambiguity of goals, admission and grading criteria which have a more subtle or indirect impact upon the way in which students, faculty, and staff function.

Comments

No institution needs to assume complete responsibility for providing directly through its own resources all necessary environmental health and safety services. Most junior/community colleges may seem to be at a disadvantage in not having experts in this area on their own staff. Having few inherent resources does not mean, however, that the college cannot have a viable and important environmental health program. The use of a variety of resources from local and state boards of health, from industry, and from other schools and colleges can make it possible to develop a useful program without significant expense simply by coordinating the many resources already available.

The most important prerequisite to an effective environmental health and safety program is a decision by the college administration that environmental control is an institutional responsibility. Every institution should have a written policy approved by its governing board defining its accountability in this area. This policy should specify responsibilities for developing standards and codes governing health and safety-related aspects of all institutional activities. Standard codes are available for safe operating practices in radiological health, industrial health, safety and injury control, fire protection, sanitation and general environmental surveillance of all living and working conditions. These codes may be adopted by the college as the basis for its own program.

The specific responsibility and authority of the institution in environmental health and safety includes:

1. Maintaining continuing surveillance of all environmental health and safety hazards on campus; attempting to anticipate, investigate, and describe all hazards before they become clinically important.
2. Reporting findings to the central administration in accordance with existing environmental health and safety policies.
3. Furnishing recommendations for the control of hazards as they arise or are anticipated.
4. Furnishing recommendations to central administration, departments, and individuals on campus with respect to the implementation of environmental health and safety policies and standards; promoting general interest in the elimination and control of hazards on campus.

The environmental component which often receives the least attention is the effect of never-ending emotional and social influences. Yet, these are fully as powerful as determinants of the quality of life and the effectiveness of the success of the institution in reaching its educational goals as the more obvious and insistent physical and biological factors to which attention is drawn more readily. Excessive noise, especially of certain types, causes fatigue and increases irritability; this, in turn, makes it more difficult to sustain a relationship of trust among people. Thus, noise contributes almost directly to hostility, frustration, and a deadening of creativity. For a discussion of social and emotional aspects of the campus environment, see Section II, I, Mental Health.

Although many different administrative units may contribute to the control of these environmental hazards, it usually is advisable for responsibility for coordinating the program to be invested in one individual. Often it is best if this individual is the director/coordinator of the health program. The chief task of this person is to see that appropriate forms of surveillance are carried out, that reports are monitored systematically, and that recommendations are referred for action.

Implementation

1. Devise a means for recording all injuries and accidents; make periodic summary reports to the administration.

2. Use the reports of accidents to identify areas or activities of special hazard: laboratories, shops, athletic facilities, walks or roadways, stairs.

3. Ask the local or state board of health if a sanitarian is available to review food service and waste disposal procedures. Arrange with the administration to request the sanitarian's services. Assume responsibility for follow-up of recommendations.

4. Contact local industries to locate a safety engineer who could be called upon as a consultant in accident prevention. Often a consultant will be available without cost to the institution. Arrange with the administration to request his services.

5. Try to have all building plans, especially those for laboratories, shops, and food services, reviewed by a safety engineer prior to construction to identify and eliminate possible safety hazards.

6. Review safety policies in laboratories and shops to make certain that students and workers are assured maximum protection from accidents (are safety glasses required, for example?)

7. Assist in developing a safety education program, emphasizing the importance of prevention. "Think and act safety."

8. Consider appointment of a committee on environmental health and safety. This will be important especially if the health advisory council does not accept as a primary responsibility the coordination of an active environmental health and safety program. The committee should be broadly representative of various institutional interests and resources which must be involved if the program is to be successful.

O. Occupational Health

Standard

Each college and university should take an active interest in protecting its most important assets, namely its faculty, staff, and students. Any measures which the college takes to protect the health of its faculty and staff can be considered part of the occupational health program. It obviously is related closely to the toal environmental health and safety program, of which it may be considered a very important component.

The objectives of an occupational health program are to identify previously unrecognized illness, disability, or other limitations; to assist in placing staff in work situations consistent with their physical and emotional capacities or limitations; to provide emergency or definitive care for work-connected injuries and illness; to establish a preventive program, including immunization, and standards for safe use of equipment; and to present an educational program concerning occupational hazards and stresses and the means for either preventing or coping with them.

Comments

Although junior/community colleges are unlikely to have as many overt areas of specific hazard to faculty and staff as large institutions (hazards usually associated with advanced research or industrial science laboratories, extensive maintenance shops, power machinery, or large farm operations), they have the same obligation for protecting the health of faculty and staff from those hazards inherent in any educational institution. Among the provisions which should be made are the following:

1. Coordination of resources in the extramural community which will be available to faculty and staff for care and rehabilitation of work-connected injuries and illness. The college should be prepared to identify promptly faculty and staff who have been injured or who are acutely ill and to assist them in taking the first steps to reach a source of help. Since payment for work-related illness or injury usually is provided through workmen's compensation statutes, the remaining obligation of the school is to see that there is no delay in getting the injured person to a source of competent help.

2. Preplacement health evaluation. Although only a small number of colleges require a complete health evaluation (which may or may not be provided by the college) as a condition of employment, there is considerably greater justification for a preplacement evaluation of candidates for high-risk positions, or possibly for senior faculty positions. In addition, if there are specific high-risk areas, it may be well to consider requiring periodic health evaluations in order to detect work-related health impairment at the earliest possible moment.

3. Preventive procedures. Procedures should be established, providing standards of safe operation (see II N, Environmental Health and Safety, p. 34).

4. Health and safety education. There should be an educational program through which faculty and staff will be informed concerning environmental stresses and hazards and the means for coping with them. A continuous educational program may be a valuable means of reducing disability from unnecessary accidents, thereby conserving the college's valuable human and financial resources for other more creative efforts.

5. Job classifications. It is advisable to have written classifications of physical and emotional requirements for various positions with the college. The director/coordinator of the health program, with appropriate consultants, should assist the departments concerned and the college personnel office in developing these written classifications.

Implementation

1. Arrange for faculty and staff who are injured or become acutely ill while at work to receive care at a local clinic or hospital. Be sure that transportation is available if needed. Those injured should have access to continuing care until they can return to work.

2. Identify any high-risk work situations: use of agricultural or fixed power machinery, use of ionizing radiation or pesticides, exposure to infectious microbiological agents, etc. Try to see that appropriate safeguards are observed.

3. Discuss with the physicians and the administration the possibility of offering preplacement health evaluations for new employees, especially for those in hazardous positions.

4. Provide educational material concerning environmental stresses and occupational hazards, emphasizing the importance of safe operating procedures and prevention of disability. Remember that environmental stresses can involve emotional and social, as well as physical, factors. Conditions of employment, means of supervision and evaluation, job security, opportunities for advancement are important components of the institutional climate.

5. Confer with the college personnel office to see whether or not there has been clarification of the physical and emotional requirements for various positions within the college, whenever these are appropriate. Are there stated physical qualifications for janitorial, maintenance, and other personnel who are expected to be physically active? Are there special qualifications for operators of power machinery? Is there any provision for periodic evaluation of selected employees, either as a function of length of service or attained age?

P. Health Education

Standard

One of the most important objectives of the health program for every junior/community college is the development of an effective resource for health education. Promoting health is a group task, with each member of the community having a responsibility not only to himself but to others with whom he lives and works to make decisions that will promote the health of the community. Active promotion of health, through education as well as services, is not merely consistent with the goals of higher education; it is both an essential factor in assuring the success of the educational enterprise and a legitimate educational goal itself.

Health education should be directed not only toward offering instruction concerning personal health practices but also to demonstrating the importance of each individual in determining community health practice. Furthermore, it should be deeply involved not only in providing information but also in creating attitudes and supporting behavior which are consistent with current concepts of healthful living, physical, emotional, and social. It should take the initiative in coordinating all of those interests, both on and off campus, which can contribute to a broad understanding of health and can assist in developing effective influences on health attitudes and behavior.

The health education program for a college or university may include:

1. Formal health instruction through organized courses.
2. Informal learning experiences through using personal health services and a wide variety of informal discussions, seminars, and other activities and materials for stimulating thought and action concerning health.
3. Programmed development and research into the means for creating a greater impact upon health behavior.

Comments

In many junior/community colleges the main thrust of the entire health program is in the area of health education. Except for immediate care of critical illness, no other part of the health program has more lasting impact on students in helping them establish a pattern of personal health maintenance and of positive participation in group health activities which will have a beneficial effect on their later lives.

All colleges and universities should have a course or courses in personal and community health open to all students, through which they can gain basic information about personal health and through which their health behavior may be influenced positively. In many institutions, participation in a basic course in personal and community health is required of all students, except possibly those who can demonstrate a satisfactory level of health information. This requirement is commendable, but often unnecessary when the health course not only provides appropriate current information concerning health practices but also provides a forum for a vibrant, dynamic discussion of major health issues which are of direct and immediate importance to students. Properly conceived and presented, courses in health can be some of the most popular offerings in the entire curriculum, since their content should have considerable "relevance" to the present interests of students.

In addition to formal courses, there are numerous opportunities, many of them highly productive, for involving students and other members of the college community in informal health education projects which may have considerable impact upon health behavior. Those activities which have student participation in planning and implementation often are the most vital and useful college experiences. It is important, therefore, that the advice and support of students be sought early and continuously as the informal health education program develops.

There are many subtle but effective ways of promoting health. Every health examination or personal medical service should be perceived as a learning experience which will contribute to the student's understanding of health. Each member of the professional staff of the health service should be an exponent of healthful living and should be alert to using every opportunity for helping students understand their health problems.

Since there may be several departments within the college which make an important contribution to the health education program, it is important that there be some means of coordinating their interests and their contributions. One useful device for accomplishing this is to have a student/faculty college health council, comprising student representatives and staff members from each of the departments involved. This council might include medical, dental, and nursing personnel, physical plant supervisors, and faculty members from the various departments involved. It should be especially useful in determining the campus-wide health problems to which educational efforts should be directed.

Many junior/community colleges have not only developed outstanding health education programs for students, faculty, and staff, but also have made a valuable contribution to community welfare by providing health educational services to the extramural community. Furthermore, the community often has become a valuable laboratory for instruction, not only in health education but also in the other allied health professional areas.

Implementation

1. Charge the director/coordinator of the health program specifically to develop a college-wide program of instruction in personal and community health.

2. Take every opportunity to involve students in planning appropriate health education activities. Every student who comes to the health service with a question concerning obesity, insomnia, drugs, sexuality, venereal disease, birth control, anxiety, and any of a host of other common problems might be asked if there would be interest in forming discussion groups around these topics.

3. Enlist the aid of interested faculty members in leading discussion groups in health-related topics. Even in the absence of a health education department, there will be faculty in many other departments related to health (sociology, anthropology, psychology, physical education and others) who can make a valuable contribution and who will be eager to do so. Find out from students what topics are of predominant interest.

4. Support the development of an academic course in personal and community health. Faculty teaching this course should be well prepared in this specific area. In the absence of qualified health educators, the course could be taught on an interdisciplinary basis by faculty from several other departments working together.

5. Arrange to have prominent speakers on topics of special interest to students. Use these speakers as the focus for further group discussions of the issues raised. Here again, faculty members and health professionals from the community can be used as discussion leaders.

6. Involve students in gathering questions concerning health from their peers and possibly in putting together information which could be distributed through the college community (topical booklets, fliers, radio programs, newspaper articles, TV productions -- the list is almost endless).

7. Discuss with faculty in other disciplines (government, sociology, education, psychology, to mention only a few) how health-related issues can be introduced into class discussions.

8. Volunteer to student leaders to help in setting up lectures, discussion seminars or just informal "rap" sessions on health-related issues in which they have an interest.

9. Offer to develop and conduct a course for food handlers. Movies and other aids will be available through the state department of public health.

10. Consider safety education programs. Use outside resources from state health departments, industries, and other institutions.

Q. Research

Standard

Every department of a college or university will benefit from involvement in research by improving the performance of its basic function, whether it be teaching or service. This is no less true of the service units of the health program than it is of other parts of the college. Although the health program may be organized primarily to provide various health-related services to students, faculty, and staff, there are many opportunities for research, which is in no way contradictory to this primary purpose and will sharpen the interest and the competence of the staff. Every college, regardless of its size, location, composition, educational goals, or other variables, provides a multitude of opportunities for research in various areas of individual and community health. For most health programs, operational research is feasible and is functionally desirable even when limited resources preclude undertaking of basic research projects. Most notable are opportunities for investigating the dynamics of transition from youth to adulthood and identifying those individual, organizational, and environmental influences which either facilitate or impede this development. In very few other situations is there a comparable opportunity to make a wide variety of observations concerning individual and social development with a somewhat captive population over a prolonged period of time. The relationship of health attitudes and behavior to health information, the effect of peer pressure, the impact of social expectations, and other variables operating among youth are important areas in which there are many gaps in our understanding. There are many other areas ripe for investigation through which it may be possible to gain a much clearer idea of the behavioral relationships between youth and adults. The fact that the population is relatively stable for at least a brief period of time makes this group uniquely useful for observations of social processes. Every college should assure active support of research projects which take advantage of these many unique opportunities.

Involvement in research does not require huge expenditures of time and funds. It begins with the inquiring mind which is searching for new explanations, new relationships, and clearer insight. It can begin with the orderly accumulation and analysis of many bits of data accumulated in the course of day-to-day service. What, for example, is the relationship of student use of the health service to age, previous health impairment, age and health of parents, etc.? Is there any difference between the academic achievement of students living in the homes of their parents and those living independently in the community? If there are differences, can they be accounted for on the basis of involvement in family problems, additional requirements for work, marital status, previous educational experience, etc.? Although a modest research effort can be undertaken without great expense, it is sufficiently important to warrant a continuing allocation of personnel and funds for research development. When support is not available from the institution itself, it may often be available from sources outside.

When research has not been a regular part of the health program, preparation for it can be made by having members of the staff commit to writing their specific suggestions for research projects. These written suggestions then can be a focus for discussion among members of the health service staff, other interested departments, and the administration.

It is of great importance that appropriate guidelines be established in advance of the involvement of humans as research subjects. An interdisciplinary committee may be helpful in adapting the model guidelines outlined in the Recommended Standards and Practices for a College Health Program to the particular needs and circumstances of the college.(3)

Implementation

1. Call a meeting of the health staff, and other faculty with related interests, to discuss the quality of student life, the nature of predominant health problems, the determinants of success or failure in the educational process, and other related problems. From this should emerge a series of unanswered questions and subjects for possible investigation.

2. Begin to collect data, reporting simple service activities, and develop a system for analyzing this data at regular intervals. It will be worthwhile, for example, to compare service needs from year to year and to relate developing trends with the number and composition of the student body, physical plant, occurrence of illness in the extramural community, and other factors. Although this in itself does not constitute research, the orderly collection and analysis of data relative to other variables is an important prerequisite to any research effort.

3. Select a relatively simple question raised by the staff, students, or faculty concerning health and at least describe in writing the aims of a project of inquiry and a proposed procedure. These specific suggestions will then become a focus for discussion with the administration, which will be helped to see the relationship of these projects to the quality of the health program.

4. Look about the college to find who among the faculty is doing research in health-related areas, such as psychology, anthropology, sociology, physical education. Make an overture to discuss these projects with the interested faculty and to share with them suggestions for other research in the area of health. Since a great deal of the research in health-related areas is best done on an interdisciplinary basis, it may be possible to arrange a joint research project with one or more other departments.

5. Discuss suggestions for research with interested students. Often they have tremendous enthusiasm and considerable energy which will be helpful in carrying out research with which they are identified.

6. Contact other colleges in the area; not infrequently a research project can be mounted most effectively when it becomes a collaborative effort on the part of several institutions pooling their resources.

7. Seek supplementary support for research from state and federal health and education agencies, foundations, voluntary health agencies, and interested individuals. Students may even provide support for projects which are close to their interests.

8. Consider especially the development of new means for coordinating institutional and extramural resources to form a coherent health program. This is a research topic in which there is considerable current interest and generous support available for worthwhile projects.

R. Communications

Standard

One of the most important determinants of the overall success of the health program in meeting the needs of members of the institutional community will be the effectiveness of communications within, among, and beyond the various units involved in the health program. As far as the health service itself is concerned, it is important that there be a means of communication through which various members of the health team, and those working with them, can be informed of new developments, plans, and activities of common interest. It is of equal importance that there be regular channels for sharing information between the staff of the health service and the student, academic, administrative, and student personnel areas on campus.

Comments

Internal communication among the members of those administrative units contributing to the health program is of great importance in promoting understanding of goals and procedures and maintaining efficiency of operation. In smaller institutions, this function can be performed most effectively by personal meetings of the director/coordinator with other persons working in the medical service, counseling, environmental health, and health education areas. These meetings should include not only members of the health service staff but also representatives of other departments which are making active contributions to the health program.

As colleges become larger, there is an increasing need for a regular form of internal written communication to supplement the invaluable personal meeting. This may take the form of a periodic bulletin, with information of general interest concerning all activities, or separate bulletins related to specific program components (health education, environmental health and safety, faculty services). Specific and continuing efforts should be made to keep the rest of the college community well informed of the activities, services, and plans for the health program. Personal communication between members of the health service staff and the students, administration, faculty, and staff is invaluable in describing and interpreting program activities. There is simply no substitute for face-to-face meetings of interested persons sharing their successes and failures, hopes and anxieties, and their plans for the future. Every opportunity should be seized for spreading information concerning health activities throughout the college.

Again, as the institution becomes larger it becomes more imperative to establish a regular written means of communicating the activities, recommendations, and plans of the health service to other persons in the college community. It is important, for example, to establish a routine for reporting to the administration and faculty the kind and number of services provided. Written communications also are an opportunity for soliciting advice and suggestions for future development.

In all communications the right of students and other patients to expect that confidentiality will be maintained should be kept inviolate. It is entirely appropriate to report statistics for aggregate services and even to give faculty members factual information concerning a patient's visit to the health center, but without information concerning complaints or diagnosis. In general, information concerning complaints, diagnosis, and prognosis should not be given to third parties, including parents, without the knowledge and consent of patients. (For further details, see the Recommended Standards and Practices for a College Health Program, Statement on Ethical and Professional Relationships.)

Implementation

1. Plan a regular meeting time for as many members as possible of the health service staff to discuss services, activities, and plans for the future. In the small institution it may be possible for all of the (few) members of the health service staff to meet at weekly intervals. As the institution grows larger, it becomes progressively more difficult to accomplish this, with the result that there may have to be separate meetings for nursing, medical, health education, and other similar groups. As this division occurs, it is important that a concerted attempt be made to maintain communication among different groups.

2. Invite members of the admissions office, counseling center, physical education department, physical plant department, other faculty to an informal meeting. A weekly or biweekly "bag lunch" is inexpensive and invaluable. The agenda is of much less importance, at least initially, than getting acquainted. Occasionally (or regularly) invite health professionals from off campus to join the meetings. As soon as those who come are comfortable with each other, these meetings may evolve into problem-solving sessions which prove extremely useful.

3. Develop a format for collecting service data and offering regular reports of services to those interested. This is an extremely important (and very simple) means of documenting the need for the health program and of supporting requests for broader services or more substantial support.

4. Make a note of students who ask perceptive questions concerning services and be ready to share information with them. It should be their health service and they should be kept informed of its activities and its need for support.

5. Prepare regular reports of activities and forward them to the health advisory council (see II A, Overview of Services). If there is no council, try to promote interest in having one appointed.

6. Plan to make an annual report of significant activities and plans for the future. A thoughtful report is almost certain to generate support if it is put together carefully and distributed wisely.

7. Contact students who run the student newspaper or radio station and offer to be interviewed by feature writers or to appear on the radio to discuss health problems of interest to students.

8. Be sure the health program is described accurately and attractively in the student handbook.

9. Be sure that there is a clear policy statement concerning confidentiality (see II E, Records) and see that it is publicized widely and understood by both students and faculty.

S. Extramural Resources

Standard

As the college health program is developed, continuing efforts should be made to coordinate and integrate on-campus and off-campus resources in the interest of creating a network of complementary services. When this is done effectively, the result will be a comprehensive health program in which there is a minimum of duplication of effort and no areas in which there is a complete absence of services.

It is the director/coordinator of the health program who must take the initiative in learning what public, voluntary, and industrial resources are available for use by members of the college community and establishing working relationships with those which are able to cooperate with the health program.

Whenever possible, an effort should be made to share with the off-campus community those college resources which are either unique or especially well-developed.

Comments

Since most junior/community colleges have not been able to commit extensive personnel, physical, or financial resources to developing a health program, it is of especial importance that a high level of energy, imagination, and initiative be invested in coordinating the use of those extramural resources already available. Most community colleges may, indeed, depend almost entirely upon clinics, hospitals, voluntary agencies, departments of public health, industries, and interested persons for providing nearly all of the service components of the health program. Very few, if any, will not be in a position to benefit from utilizing at least some of these resources.

The director/coordinator should begin by exploring systematically the resources which are available and in a position to provide personal medical services (clinics and hospitals and individual professionals), consultation for environmental surveillance (public health departments and industries), or help with educational programs (public or voluntary agencies). Arranging medical care when none is available on campus will entail arrangements with a local clinic or hospital for having students seen both in emergencies and on a regular basis, making arrangements for transportation when this is necessary, and determining the basis upon which payment will be expected.

As soon as arrangements have been made for assuring necessary personal medical care, the director/coordinator should devote attention to special care resources (such as mental health clinics, assistance for the handicapped). As has been mentioned elsewhere, assistance for environmental surveillance and control often can be obtained from community, county, or state boards of health or local industries. Voluntary health agencies, local schools, and local or state health departments may have assistance in health education. It will be helpful for the director/coordinator to discuss health program goals, services, problems and plans with the director/coordinator of other college health programs in the area. Sharing information through periodic group meetings should be helpful to all.

Whenever possible, it is helpful for members of the health service staff to participate in the activities of health agencies, health councils, and the like in the extramural community. Time spent in these can be justified as a contribution to the health resources which will be used in common and as a valuable investment in improving public relations. Conversely, members of local official or voluntary agencies often may be helpful by participating in planning the campus health program.

Some junior/community colleges, especially those which have educational programs for allied health professionals have well-developed special skills or knowledge which may be useful in the extramural community. Mental health aides, environmental health technicians, health education aides and others often can provide service to the community which is not only valuable in itself but also makes a major contribution to public relations. This is consistent with a definite trend for colleges to reach out into the communities in which they are located to improve services and raise the quality of life.

Implementation

1. Canvass the extramural community, and possibly neighboring areas, to locate all clinics, hospitals, and health professionals who may be helpful in providing necessary medical services to students who need them.

2. Contact the local medical society, the local or state board of health, voluntary health agencies to see in what ways they are able and willing to help.

3. Make specific arrangements with one or more facilities to receive acutely ill or injured students. This may require arrangements with both a hospital or one or more physicians to provide care. Arrangements should specify the means expected for payment.

4. Contact the local fire/police department and ambulance service to clarify the means for obtaining help in transporting acutely ill or injured students. Here, also, means of payment should be clarified.

5. Contact some of the following for these and other services:

   a. Local or state board of health: sanitation and safety surveys of campus facilities (food services, including vending machines; campus roads, laboratories, shops, athletic facilities; radiation sources).

   b. Industries: safety consultations.

   c. Voluntary agencies: health education services; assistance for the handicapped; referral services for care; assistance in program planning.

   d. Other colleges: any of the above.

   e. Local or regional Civil Defense units: assistance in disaster planning.

6. Contact local schools and community agencies to see if there are contributions the college can make to their programs.

III. HEALTH PERSONNEL

A. Medical/Dental

Standard

In any college in which any form of medical diagnosis or care beyond elementary first aid is provided, it is imperative that there be at least a physician consultant who is responsible for all aspects of medical care. Likewise, in any situation in which dental care is offered, there must be at least a consulting dentist appointed to the staff and responsible for direction of all dental services.

All members of the medical/dental staff, including the members of the medical and surgical specialties, should have received basic professional education at an approved/accredited professional school. In addition, each will have had appropriate postgraduate education in an approved internship/residence program according to the general or special interest which he professes and appropriate for the duties he will perform.

All members of the medical/dental staff must be licensed for the practice of medicine or dentistry by the appropriate licensing or registration board acting for the jurisdiction in which the school is located.

Appointments to the medical staff should be made upon the recommendation of the director/coordinator of the health program (who may be advised by an appropriate staff personnel committee, possibly augmented by members of the local medical society), with the approval of the president and the governing board.

For each position on the medical/dental staff there should be a job description defining the primary responsibilities of the position and any collateral duties either in the health service or within other departments of the college. There should be also a clear statement in writing of the supervision which each member of the staff will receive and the criteria by which evaluation of performance will be made.

Remuneration for members of the medical/dental staff must be competitive with other opportunities for similarly trained professionals if the staff is to be maintained at a level consistent with its obligations and opportunities.

There should, in addition, be a program for encouraging professional improvement, beginning with orientation for new staff members and continuing with a program of inservice education and encouragement for each member to become involved in courses of study or professional programs outside the health service. The medical consultant should keep the professional nursing staff advised regarding current medical therapy and practice as new methods arise to increase their professional knowledge.

Comments

Any college which attempts to provide any form of diagnostic or therapeutic medical service without the active supervision of a medical consultant appointed by the college is acting irresponsibly and subjecting itself unnecessarily to the risks of legal liability for improper acts. Although there are several programs which are preparing non-physicians to assume at least limited responsibility for specified health problems, there is no legal basis at present for their functioning independent of a physician's guidance. Therefore, even though there may be no justification for employing a full-time physician on the staff of the health service, each junior/community college should appoint a well-qualified physician consultant to guide and assume responsibility for any and all medical services and a well-qualified dentist consultant to direct and assume responsibility for dental services whenever these are provided.

In selecting among applicants for the positions of physician or dentist, there must be careful consideration of basic professional qualifications. In addition, it is important that members of the professional staff are selected on the basis of demonstrated interest, and hopefully experience, in working with young adults in the solution of their health problems. The physicians (and dentists) appointed will be able to make a much more positive contribution if they have a keen interest in and a knowledge of higher education and its problems. The physician (or dentist) who is professionally competent but impatient with youth or disdainful of the aims of higher education may fulfil the legal requirement for having a physician in charge of medical care but will do little to inspire other members of the health service staff or to gain the confidence of students. Regardless of professional competence he should not be entrusted with the care and guidance of students.

In all situations in which it appears difficult to obtain the interest of well-qualified local physicians in working with the health program, it is suggested that the director/coordinator of the health program or the administrative officer to whom the director/coordinator would be responsible contact the local medical society for assistance in locating suitable candidates. Other sources of help include the medical staff of a local hospital, the state department of public health, the state medical society, the medical departments of local industries or health services of other colleges.

In preparation for appointing physicians or dentists to the staff, it is important that careful thought be given to developing a job description which outlines duties and responsibilities both within the health service and in relation to other areas of the college, and including the "chain-of-command" through which the physician (or dentist) is expected to operate. It should be clear what supervision is to be exercised and by what criteria evaluation of performance will be made. Assistance in drawing up the specifications and qualifications often can be obtained from other colleges which have gone through this stage of development. Questions could be addressed to the Association Headquarters of the ACHA.

Implementation

1. Appoint a search committee for a physician (or dentist) to the health service, if a physician (or dentist) is not already on the staff. This committee should include the director/coordinator of the health program and representatives from the administration, faculty, and students, and physician (or dentist) representatives of the local medical community or other college health programs.

2. Consult the county (or state) medical or dental society to see if likely candidates can be suggested from this source. If no candidates are immediately identified, the county medical (or dental) society may be encouraged to appoint a committee to work with the college in finding appropriate help. This may be either by arranging a cooperative assumption of responsibility by several physicians (or dentists) or by searching for someone outside the community.

3. Review the qualifications and recommendations for each candidate. In the case of any question, it often is wise to follow up written recommendations with a telephone call to the respondent. "Sensitive" information often can be relayed better by phone than in writing.

4. Interview those candidates who seem the most likely prospects for appointment. Candidates should be interviewed by members of the health service staff, administration, faculty, and students.

5. Write a job description (when this does not exist) with the assistance of the physician (or dentist), the college personnel office, and at least written consultation with physicians from other college health programs.

B. Nursing

General Observations

Standard

Nurses in the junior/community college, in addition to providing traditional nursing services, have an excellent opportunity in their daily contact with students to turn health care into an educational experience. They are in a position to influence the health attitudes and behavior of students and other members of the community in a way which may have lasting impact upon their lives. It is important that all nurses working with college programs understand and be prepared to utilize freely their many opportunities for both service and education. Education for personal and community health is especially important in the junior/community college.

Comments

Each college health program is unique, since it must reflect an individual institutional response to overall health needs. Nursing activities vary greatly, therefore, from one service to another, depending upon whether the nurse is working in a large or small junior/community college, the availability of other health professionals to work with the health program, and many other variables. The nurse who has been educated and has worked in a predominantly hospital-oriented setting will find that working with students and other members of an educational institution requires considerable adjustment. Students are a generally healthy group of individuals and their health needs are considerably different from those of the hospital patient. Nurses usually find the adjustment to their new nursing role is easier if they have had public health training and experience.

In providing quality health care and leadership in health education, the college health nurse should recognize the features of the junior/community college which distinguish it from other colleges and universities. Many commuting students remain more closely tied to their family unit and to the community in which they live than they would in a four-year residential school. Health care and educational services will be more effective if they are planned with this difference in mind, supplementing those services which are available and acceptable from the home and making provision for services not otherwise at hand.

Health education will be most effective when it is pertinent to real life situations. Students are less neutral or passive than they have been in the past. They want to be involved in life now and are intensely aware of community and neighborhood problems. The junior/community college is in an excellent position to teach. Through its health program it has an opportunity to demonstrate to students what a comprehensive health program can be and how they can help to support it. Hopefully, this will stimulate them in their future lives to promote similar health programs for their own communities.

Implementation

1. Charge the nurse in the junior/community college with not only providing conventional personal nursing services but also with developing a strong emphasis upon education for healthful individual and community living. Indeed, the latter may often be the more important role, especially in her contacts with students.

2. Appoint nurses on the basis of sound education and experience in nursing practice, demonstration of understanding and capability in health education, and a continuing interest in the health problems of young adults. Public health education and/or experience are very valuable means of preparation. Understanding the goals of higher education is essential.

Objectives

Standard

The basic objectives of the nurse or nurses working in a junior/community college are generally identical to those enumerated for the nursing service in a larger institution (see Recommended Standards and Practices for a College Health Program, second edition, pp. 40-42).

Comments

Although the basic objectives may be generally identical, the manner in which they are developed differs significantly from the pattern in the large college or university. In the junior/community college the obligation "to provide patient care on the basis of medical diagnosis and treatment directed by the physicians" may be substantially less than in the larger institution (Recommended Standards and Practices, p. 41). Not infrequently, the only direct services which the junior/community college nurse provides are those related to the recognition and care of emergencies and those essential as a first-line resource for the recognition and referral of physical and emotional problems. The fact that the nurse does not have at her command a vast array of diagnostic and therapeutic services in no way diminishes her importance in the institution. It is to her that students and other members of the institutional community must be able to turn in moments of physical or emotional stress in order to be guided to more definitive care outside the institution, or to be referred to other sources within the institution for services such as personal counseling.

On the other hand, if the objectives of the nurse in the junior/community college are diminished in the area of providing personal services, they are correspondingly increased in her opportunity "to recognize and deal effectively with the problems of students through counseling and health teaching techniques" (Recommended Standards and Practices, p. 41). Students' needs are constantly changing, and the demands on health services are increasingly complex. Frequently it is the nurse who has the first opportunity to discuss a student's problem and, as a result, it is she who has the greatest opportunity for responding to individual needs. She must keep at her fingertips the many opportunities for offering support and counsel which she can muster from both the institution itself and the community outside.

Students who seem rebellious often are looking for help. Nurses who are able to listen with sympathy and understanding may be a great source of strength to students in their struggle to grow and develop their own identities. Nurses who in the past may have been uneasy or unskilled in the counseling role, unaware of their own strengths in knowledge of human behavior, now realize the importance of screening and interviewing skills in evaluating student needs. With the development of this new skill has come increased usefulness, either directly through their own resources or through their ability to refer students to an appropriate better-qualified professional.

It is of great importance that nurses understand the educational goals and objectives of the institution and the manner in which the health of students, faculty, and staff support or hinder the attainment of these goals and objectives. They should seek every possible opportunity to interpret the importance of health to the educational enterprise and be available for guidance in institutional policy development whenever their services are called upon.

In many small institutions, they more than anyone else must take the initiative and assume responsibility for emergency/disaster planning. It may be through their initiative that plans are made for providing first aid in emergencies and that a coherent plan is developed for coping with larger emergencies or disasters. In all emergency/disaster planning nurses should take the opportunity to coordinate institutional plans with disaster planning resources in the area.

Implementation

The nurse in the junior or community college should:

1. Assume responsibility for first aid care and for emergency/disaster planning, coordinating institution facilities with those resources available in the area.

    a. Identify persons among the college faculty and staff who have had first aid or other emergency training or experience. Enlist their cooperation in developing a system for responding to emergencies.

    b. Arrange first aid courses for security personnel and others who may be called upon in emergencies.

    c. Contact local fire and police departments, the civil defense agency, service clubs, schools, and industries to identify individuals and organizations who can help. Identify reliable sources of transportation.

    d. Develop simple directions for seeking help in emergencies; post these notices prominently throughout the college. Be certain that faculty and staff in high-risk areas (laboratories, shops, athletic facilities) know whom to call and what to do until help arrives.

    e. Arrange emergency drills. Begin with simple simulated single accidents and progress to more complex situations. Try these first during vacation or other slack times, then try them during regular working hours. There is simply no substitute for drills in developing effective response to emergencies.

2. Encourage every opportunity for students to call upon her as the first source of possible answers to questions in the area of physical or emotional health. The ability of the nurse to listen sympathetically, without judgement, and with complete respect for confidentiality, will determine in large measure her usefulness in providing direct personal services. Insofar as her time and strength permit, she may encourage similar contacts with faculty and staff.

   a. Be sure to have a quiet spot which is out of the line of traffic where a confidential visit can be held. It is virtually impossible to develop an appreciation of confidentiality when interviews are held in a corridor or waiting room.

   b. Listen for an be attentive to the: "By the way, while I'm here .. .." or "Could I ask you something else?" Often these reveal the real reason for the visit.

   c. Keep cool; don't be shocked at any revelation. Pass judgment only when it is sought -- and then with kindness.

3. Become informed about the educational goals and objectives of the institution and become familiar with the administrative officers who are responsible for policy determination and educational administration.

   a. Ask for a statement of the institution's goals, a statement of its educational policies. These ought to exist, somewhere. Persist until they have been found, or generated.

   b. Get a table of organization and become familiar with the division of duties of the administrative officers. These are the persons who make the decisions and, ultimately, will determine the support for the health program. Learn where to go for problems having to do with personnel, finances, program development, medical support, etc.

4. Seek opportunities for involvement in all institutional planning involving any facet of the health program: personal health services, environmental surveillance and control, or education for personal and community health.

   a. Find out what committees are active, especially in areas such as student personnel services, environmental health, medical services, health education. Offer to assist any of these in areas of competence.

   b. Promote membership in the faculty governing body for at least one member of the nursing staff.

5. Take a leading role in the development of informal health counseling and education (see II P, Health Education, p. 38).

6. Maintain liaison with health agencies in the community. Community contacts are important for building support.

Qualifications

Standard

All nursing service personnel should be fully qualified by formal education and experience for performing all duties which may be assigned.

Comments

Nurses who have completed a baccalaureate program should be in a position of advantage for understanding the difficulties, the adjustment problems, the academic goals, and the frustrations of students in college. In addition, if their college experience has been in a predominantly liberal arts program, they may be better integrated individuals, free of many of the misconceptions, prejudices, or compulsions of their past. The study of the physical and psychosocial nature and development of the young adult, often a component of a good liberal arts program, should enhance considerably nurses' understanding of their patients' problems and should assist them in planning and providing more sensitive and more adequate care.

Education at the master's level will be very helpful to any nurse working with students; it may be even more important in institutions in which the nurse must be the coordinator of the entire health program. Graduate programs should include work in counseling, educational philosophy, health education, and administration.

Implementation

1. Basic requirements:
    a. Each registered nurse must be a graduate of an accredited school of nursing.

    b. Each registered or practical nurse must have current licensure to practice in the jurisdiction in which the college is located.

2. Experiences which are valuable:
    a. Baccalaureate degree from an accredited college. Personal experience with a rigorous academic program is invaluable in helping the nurse understand many of the problems which are common among the students.

    b. Participation in continuing education programs. Involvement in continuing education not only helps the nurse to remain well-prepared professionally but also reflects an acceptance of the dynamic nature of the educational process. Nurses whose education stopped with the awarding of a diploma often have ceased to grow both professionally and personally and are poor role-models for students in an educational institution.

c. Public health and/or psychiatric experience in an accredited community agency. This is especially valuable in view of the large role of the college health nurse in counseling and in leading community health education programs. Industrial nursing and youth camp experience can be helpful.

d. Professional membership (American Nurses Association, American College Health Association, National League for Nursing, American Public Health Association). These may be additional reflections of the nurse's determination to maintain a high level of professional competence.

e. Participation in administrative workshops or training sessions is essential for nurses who have administrative responsibility in the health program.

Responsibilities and Duties

Standard

For each position on the nursing staff there should be a flexible job description which clearly outlines nursing responsibilities within the health service and elsewhere in the institutional community. The job description, which is the skeleton upon which the flesh of a well-developed program of nursing services can be sustained, is extremely important in establishing the role of the nurse, her relationship with other professionals, and her relationship with other members of the junior/community college faculty and administration. This job description should be developed through joint discussion of the nurse or nurses, other health professionals, and members of the college faculty and administration, who should address themselves to each of the objectives outlined above. Casting aside traditional descriptions of nursing roles, this group should describe with as much imagination as possible the many ways in which the college nurse or nurses can promote optimum health throughout the college and, thereby, further the institution's educational goals and objectives. It is especially important that the nurse be recognized as one of the prime movers in the institution for education in personal and community health.

In the description of duties and responsibilities, it is important that those persons performing conventional nursing services adhere to appropriate legal requirements concerning nursing and observe the ethics of the nursing profession. It must be admitted candidly that some community college nurses enjoy their independence and make little more than token efforts to obtain or accept necessary medical supervision. Nevertheless, it is ethically improper and legally hazardous for any health program to be operated by a nurse without medical supervision of medical care services.

Implementation

It is customary for the job description to specify:

1. The general outline of duties.
2. Specific examples of duties, in sufficient detail to give a clear perspective for the full range of duties.
3. The person or persons to whom the nurse is responsible.
4. Those persons over whom the nurse exercises supervision.
5. The means by which performance will be evaluated.
6. Compatibility with local labor regulations.

Remuneration/Benefits

Standard - Implementation

Recommended Standards for a College Health Program (p.41) apply equally in the junior/community college and the larger college or university.

Special Considerations - Director/Coordinator

Comments

In many junior/community colleges the nurse is the administrator, the counselor, the nurse, and actually the only full-time professional member of the health team on campus. If this person is to be the coordinator of the entire health program for the campus, it is advisable that she have at least a baccalaureate degree and some previous administrative experience. In larger schools, which can be expected to have a more sophisticated or complex health program, it will be helpful to seek a director/coordinator who has had advanced academic education, possibly a master's degree, and some nursing or program leadership experience.

In some cases an advanced degree may be a major factor in qualification for faculty status, when this educational experience is consistent with standards for other faculty members. Faculty status is not essential, but it often facilitates the development of mutual respect between the nurse and the faculty. This respect may promote clearer communication and a greater willingness to join forces for the health program than otherwise might be possible.

IV. PHYSICAL PLANT

Standard

In selecting or designing physical facilities for the health center and component units of the health program, it is of considerable importance that careful consideration be given to selection of location and the design and construction of the facilities themselves, since they are a substantial determinant of the effectiveness with which services can be presented. In general, the health center should be located in an area used in common and readily accessible to students during hours when the school is in operation. Its location and design should be guided by a concern for encouraging use rather than establishing the center as an out-of-the-way location where it can function quietly and undisturbed.

The health center normally contains at least the facilities for maintenance of health records, the reception of students who have health problems or questions, adequate space for initial examination and emergency treatment for patients who are injured or acutely ill, and the administrative offices of the director/coordinator of the health program. It is imperative that a private office or area be available in the health center for health conferences and counseling. It may also be advisable to provide a rest area for students who need additional sleep during the school day because of educational and occupational demands.

Original design or remodeling of existing facilities should be based upon a sound functional plan of the services to be offered and the traffic flow among them, a sound estimate of probable use, and likely plans for future development.

Comments

The location, design, and maintenance of the health center and other areas used for providing health-related services are a strong determinant in the effectiveness of the services, second only to the competence and dedication of the staff. An area which is located where it will encourage use, designed to accommodate actual needs with a minimum of confusion, and maintained in a clean and tasteful manner sets an unmistakable tone of optimism for those who seek help. On the other hand, dingy, poorly designed quarters, located in an otherwise useless area, speak eloquently to students of the importance the college places upon health and make it almost impossible to present a health program which will have a substantial, positive impact upon the health of the college community. Ideally, the health center should be located near the center of student activity, merely sheltered from the impact of the noise and confusion of heavy student traffic. Entrance should be directly into a cheerful, informal reception-waiting area, where the needs of those acutely ill can be seen promptly by an alert receptionist. Whenever possible, actual storage of records should be in an area nearby but separated from the waiting area. One or more consultation/examination rooms should be available so that the nurses, physicians, and other members of the health team participating in examination and treatment may consult with student-patients in an area free from confusion and where confidentiality can be assured. The extent of these facilities will depend upon the decision which has been made concerning the amount of direct care to be rendered at the health center. In addition, whenever possible there should be an area with at least one or two beds where students who are acutely ill may rest, or patients with suspected communicable disease be isolated, until transportation to a source of definitive care can be arranged. Convenient but secure storage should be arranged for any medications, needles and syringes, and small items of equipment which may be seen as valuable by those passing through the area.

In designing any facility, it is of the utmost importance that planning begin with a projection of the program which the facility is designed to accommodate. Specifically, planning of a health facility must depend upon basic decisions concerning those services which are to be provided (diagnostic interviews, counseling, immunizations, laboratory service); the subscribers to be served, considering both their ages (student dependents, faculty, staff) and numbers; and other supplementary extramural resources which are available. A careful projection should be made of anticipated service loads, including both median and extremes of utilization; the needs for supporting personnel and services; and the traffic flow of patients, staff, and supplies.

In planning a new facility or a major redesign of old quarters, it is recommended urgently that consultation be sought from another health service staff with comparable problems which has recently survived the design and construction process. It seems inadvisable to make specific suggestions here concerning minimum or optimum floor area for any specific function, since the manner in which functions are carried out varies so widely from place to place. Those who wish to take advantage of the experience of others are invited to write the ACHA headquarters to be put in touch with sources of information.

The care with which the building is maintained will have a distinct influence upon not only the health but also the efficiency of the occupants and the perception patients have of the operation as a whole. A reception area which is informal and cheerfully lighted and a treatment area emphasizing cleanliness and utility definitely enhance the efforts of a well-qualified, courteous staff interested in the health of young adults.

Implementation

1. Determine those service components of the health program which the college will provide directly. The minimum functions for any health program will be providing first aid and brief consultation for acute illness, maintaining health records, and coordinating other service and educational components both within and outside the college. Counseling and educational services should be included whenever possible.

2. Estimate the amount of space necessary to offer these services effectively and in a manner which will assure confidentiality.

   Example of minimum needs:

   a. Reception and waiting area -- readily accessible; clean, light, and cheerful; separate from consultation area. (Carrying on consultation within earshot of the waiting area is deadly.)

   b. Clerical records area -- where records can be maintained with continuous security assured, phone conversation can be carried on with reasonable privacy, and the clerical staff can greet and assist incoming patients.

   c. Consultation room or rooms -- where the professional staff can visit with and examine patients with assurance of privacy. This area may have to serve also as the administrative office for the director/coordinator.

   d. Storage area for supplies, medication (if any is kept on hand), equipment and inactive health records. Security should be assured.

3. Select an area for the health center which will be readily accessible to students when school is in session. It is ideal to have it located near a main current of traffic, but shielded from the noise and confusion of mass student activity. The center should be readily accessible by wheelchair and stretcher, and, whenever possible, convenient for ambulance access. It should not be located where access can be gained only by interrupting other activities. It is best separated physically from any office associated, even peripherally, with administrative discipline or control of students.

4. Modify the area in order to assure confidentiality and to make patients at ease. Give careful consideration to traffic flow in order to minimize confusion and promote efficiency. Project anticipated service loads before making changes; ask someone who has done this before. Try to visit other college health facilities to learn from the experience of others.

5. Plan interior decorating and select equipment and furnishings which will emphasize informality and comfort in the waiting area and clean (but not stark) efficiency in consultation areas. Plan for ease in keeping the area clean. A dirty, dingy work area is a monstrous handicap.

6. Allow for expansion to meet anticipated growth of the college and increased service demand by students. If the services are of high quality they will be used, regardless of past experience; lack of use reflects only lack of credibility, not lack of need.

V. BUSINESS MANAGEMENT

Standard

Health programs can be successful only when given continuing adequate financial support, a matter which can be decided only within the context of the importance the college places upon health as a facilitating resource for the educational enterprise. High-quality health care cannot be purchased consistently at bargain prices even though resources are used as efficiently as possible.

Comment

The financial cost of the junior/community college health program will be dependent primarily upon the decision concerning which services will be provided directly and which will be sought from resources already available in the extramural community. Promoting health and treating illness are expensive when done properly, or at least so it appears at the time of expenditures. The actual cost of the total program may be considerable, but the expense to the college, the student and his parents, the state and federal governments, and voluntary agencies will depend upon the manner in which services are presented.

Any junior/community college which aspires to have a health program worthy of the name must make the decision to fund at least two positions: a. a director/coordinator of the program and b. a supporting clerical/secretarial position to permit the director/coordinator to function in a professional capacity. In addition, any college which offers medical care beyond first aid must have a physician-consultant on at least a part-time basis.

The direct expense to the college beyond this will depend specifically upon the decisions concerning which services can be offered directly and which will be obtained by coordination of existing resources in the extramural community.

There is no means of escaping the basic fact that the total cost of a comprehensive, high-quality health program is high -- although probably not so high as no program at all. The question of how the total cost will be divided among expenses borne by different members of the community is one which will have to be decided by each institution, dependent upon such factors as the source and extent of its financial resources, the administrative philosophy directing its activities (particularly its attitude toward health), the financial resources of students, the opportunities for utilizing existing community, state, or federal health services, and other local considerations.

It is especially difficult now, in the light of the apparent thrust toward a national health program (or a national health insurance), to make a long-range prediction of the most effective approach toward financing the college health program. In general, the following ways may be used to share the total cost:

1. Allocation from general institutional funds. This is the most common method in use in junior/community colleges at present, a pattern which probably is largely responsible for the meager health programs supported by most institutions. In this system the health program is in competition with all other departments of the college for its portion of limited financial resources. Unless someone of stature stands up stoutly in defense of the health program, it is likely to fare poorly in competition with insistent pressures for academic support for teaching and research.

2. Student health fee. A pattern which is gaining increasing favor in four-year colleges, and which may be applicable in part to two-year institutions, is that of expecting students to finance at least a portion of the cost of the health program. In general, it is entirely justifiable to expect those who are going to benefit from the services to make a substantial contribution to their support. This is consistent with the position of many state institutions that the state is responsible for providing the physical plant and the program of instruction, while the student and his family retain responsibility for living expenses.

   Because of the limited resources of many of its students, the junior/community college may be in a much more difficult position to expect students to support a major portion of the health program. However, before discarding this possibility entirely, students should be consulted and offered the opportunity to participate, with the recognition that with active support should come the privilege of participating in decision-making concerning the services to be offered.

3. One suggested model might be for the institution to support the position of the director/coordinator of the program, the clerical/secretarial support, and construction and maintenance of the health center. Students then might be offered the opportunity of contributing an additional amount which would be used to support those services which they elect to have provided directly on campus. This joint responsibility for sharing costs often leads to very satisfactory joint sharing of responsibility for management and use.

4. Insurance. Every health program should include a provision for students who wish to subscribe to a supplementary medical-surgical-hospital expense insurance policy through which they can be protected against the major costs of hospitalization. In making this insurance available, the college need serve only as an agent for organizing the group and developing an appropriate policy which will meet the actual needs of students in that community.

   Developing an insurance program is an area in which the unwary and inexperienced should venture only with caution. It is urged that every college which contemplates developing an insurance program do this with the assistance not only of experienced insurance brokers but also college health management personnel who have negotiated insurance contracts previously. One possibility which should be kept in mind is that developing a group or consortium of small colleges which, in an aggregate, may be able to negotiate for an appropriate policy to much better advantage than any one college individually.

Implementation

1. Determine what services can be provided from outside resources and what should be provided directly by the college. Define the method by which payment must be made for outside (referral) services.

2. Develop a budget for program coordination and direct services which should be provided by the college. This estimate may comprise several levels of services with assigned priorities and corresponding costs. The level of service ultimately may be limited by the financial support which can be assigned or from college funds, or raised from other sources:

   Example:

   Top priority (level 1):
   Program:

   a. Outpatient clinic (acute care and basic diagnostic service with referral to outside clinic).

   b. Basic mental health consultation.

   c. Health education -- minimal.

   Staff:

   a. Coordinator of program -- R.N.

   b. Part-time R.N. assistant (if evening operation).

   c. Part-time M.D. consultant.

   d. Part-time clerical assistant.

   e. Part-time clinical psychologist.

   f. Part-time dental consultant.

   High priority (level 2):
   Program

   a. More extensive outpatient clinic, with M.D. on duty part-time.

   b. Extension of mental health consultation.

   c. Progressive health education (personal health counseling and community health education programming).

Staff:

a. Coordinator of program -- R.N.

b. Full-time R.N. assistant (if evening operation).

c. Part-time M.D. consultant (1-2 hours daily).

d. Full-time clerical assistant.

e. Psychiatric consultant.

f. Part or full-time clinical psychologist.

g. Part-time health educator.

h. Part-time dental consultant.

3. Review sources of funding. These may include:

a. College - general funds. Every college should be willing and able to commit some financial support for a health program. At the minimal level this might be allocation of space with concurrent utilities and maintenance services. In addition, the college probably should provide at least the salary of the director/coordinator. Any environmental health and safety services provided by the college should also be supported from general funds, since these benefit the community as a whole.

b. Student health fees. This is finding increasing favor, since it is not unreasonable to expect those who benefit directly from services to underwrite the cost of them. Furthermore, it encourages students to evaluate services carefully and permits them to support those services which they perceive as useful. Student support tends to promote wise student use.

c. Outside support. This may be available as grants, categorical or general, from private funds, industries, or governmental agencies. The financing of health programs is certain to undergo much change soon and should be followed carefully.

d. Insurance. This is valuable for supplementing the services provided by the institution, but rarely should be used to support services directly. Putting together an insurance program which properly supplements basic services is a task for which one should seek expert assistance. Properly executed, an insurance policy is a tremendous benefit to students; drawn up hastily, it may be both expensive and ineffective. Get the help of both health professionals and specialists in health insurance in drawing up a policy.

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